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IS YOUR COMMUNITY FIT?

In order to acquaint municipal administrative officers and influential business men with the essential features of the modern public health movement, the Public Health Service has sent the following open letter, entitled "Is Your Community Fit?", to the mayors of all towns in the United States having a population of over 5,000. In addition to this, a copy has been sent to chambers of commerce and boards of trade and to all chapters of the American Red Cross. It is hoped that this will stimulate active interest in public health matters throughout the country, and that State and local health officers will help translate this program into effective action.

1. Who is responsible for the health of your city? Have you a health officer? Does he give all his time to his office? Or, are you depending upon a busy doctor who accepts this position at a nominal salary for the honor he feels attached to it? It is well to bear in mind the truth of the motto: Public health is purchasable; in a large measure a community can limit the degree of prevalence of disease within its borders.

2. Have you any definite information as to the prevalence of preventable diseases in your city? Without such information health officials can not direct their activities in a way that will yield the largest returns in disease prevention. All doctors must report such diseases as part of their responsibility to the community.

3. Have you a safe water supply? How do you know that it is safe? You can not know unless you have bacteriological tests made frequently and regularly. Typhoid fever, diarrhea, dysentery, and other water-borne diseases may be expected unless your water supply is kept safe. Do you permit a large proportion of your citizens to use water from wells which may be polluted? If your town is small and not provided with waterworks it is possible that insanitary privies and unsafe methods of disposal of human excreta are polluting your wells.

4. Is your town adequately sewered or are there still many homes with cesspools and insanitary privies? Are you and your neighbors doing anything to check the breeding of flies and the spread of fly-borne diseases? Does your community enforce any ordinance providing for the screening of food against flies in markets, restaurants, and food stores?

5. What effort has been made to ascertain whether or not your milk supply is safe? Diphtheria, scarlet fever, septic sore throat, typhoid fever, dysentery, all may be spread by unsafe milk. A system of inspection and efficient pasteurization will protect people from milk-borne diseases. If your community is too small to bear

the expense of dairy inspection, it should at least enjoy an adequate system of pasteurization under proper supervision.

6. Do you know how many of the registrants from your community were rejected by the medical examining boards as unfit for military duty on account of tuberculosis? Has a campaign for the relief and prevention of tuberculosis been organized? If not, as a minimum requirement, provision should be made for the proper reporting of all cases of tuberculosis and for health instruction of families and patients, especially in families where there is a patient with advanced disease. Where the patient requires hospital care, is provision made for such care, either through city institutions or by arrangement for bed space in State or district tuberculosis hospitals? It is highly desirable to provide special clinics for the diagnosis and care of cases of tuberculosis before the disease has progressed too far.

7. A Nation-wide campaign for the prevention of venereal diseases has been organized. Have you consulted your health officer on the part your city should play in this important work? Is your community planning to take advantage of the recent Federal enactment and appropriation for the control of venereal diseases throughout the United States? Has an ordinance been passed which will enable your health department to take up this matter in an effective manner? Proper reporting of dangerous sources of infection and their adequate treatment and control beyond the contagious stages is essential. The establishment of places where infected persons can be given expert treatment and advice will greatly aid in limiting the spread of these diseases which are so disastrous to mankind.

8. Is malarial fever a health problem in your community? Has a survey been made by experts to advise as to proper methods for control? The Anopheles mosquito, carrier of this disease, may be breeding in collections of water which need draining, oiling, stocking with fish, or other measures for mosquito control. Control malaria in your community and you may find you have less labor shortage, the physical well-being of your people may show a marked improvement, and your community may enjoy a great economic uplift.

9. Is your town an industrial center? Are the workers properly housed and fed? Have the working conditions been investigated so as to reduce to a minimum the health hazards of the industries? The prosperity of your community depends largely on maintaining the maximum output of your industries, and this in turn depends largely on the health of the workers.

10. Are your schools provided with medical supervision to control the spread of communicable diseases among the children and to limit the number of sources of contagious diseases which often spread rapidly when carried to susceptible persons? Do your children have the advantage of regular physical examination by a physician? Is there a clinic for the treatment of all the physical defects discovered as a result of this examination? The after-war development of your community will depend largely on the physical fitness of your present school population.

11. Last, but not least, what is being done to protect the babies in your community? Have you a baby health station? Do you supervise the work of midwives? Do you make provision for expectant mothers in your community who are in need of advice and super-

vision? Proper organization for prenatal care, with sufficient bed space in maternity wards, and a baby health station should be provided if the financial condition of your community is at all able to support such expense. If your community is small, at least one full-time public health nurse should be employed for the instruction of mothers in the care of themselves and their babies. You owe this to the mothers.

Why not take this whole matter up with the State health officer and the leading citizens of your community to see how the program here outlined can best be carried into effect?

Very truly,

RUPERT BLUE,
Surgeon General.

MEDICAL INSPECTION OF SCHOOL CHILDREN A PUBLIC HEALTH FUNCTION.

RECENT ACTION ON THE ENGLISH MINISTRY OF HEALTH BILL.

The following is a report of the action of the standing committee of the House of Commons on the ministry of health bill, taken from the London Lancet of March 22, 1919:

A standing committee of the House of Commons which is now considering the clauses of the ministry of health bill has adopted an important amendment without a division and in the face of protests from Dr. Addison and Mr. H. A. L. Fisher, the two cabinet ministers whose functions were immediately concerned. The amendment provides for the immediate transfer to the ministry of health of the functions of the board of education in regard to the medical inspection and treatment of children and young persons.

The bill, it will be remembered, proposes to combine under one State department the existing responsibilities of the local government board as far as health is concerned and all the functions of the insurance commissions for England and Wales, and also proposes to include the duties of the board of education in respect to the health of expectant and nursing mothers and children under school age. But with regard to the medical inspection of school children and young persons, a duty which now appertains to the board of education, it was understood that that board would not resign without real regret its responsibilities in this direction; and on the introduction of the bill it was stated that no such step would be found immediately necessary. Mr. G. Locker-Lampson, however, proposed an amendment in the sense indicated above, namely, to provide that all the powers and duties of the board of education with respect to the medical inspection and treatment of children and young persons should be transferred to the new ministry of health. From the debate which followed it is clear that the amendment was carried in deference to a practically unanimous feeling on the part of the committee in its favor.

The committee held the view that as the object of the bill was to take over the health services from the various departments of the State and thus to prevent overlapping, medical inspection and treatment of school children could not be left outside its scope. In

any case it is only during school hours—a small part of the child's day—that the board of education exerts its influence. Dr. Addison pointed out that under the bill there were two categories of services—those to be transferred forthwith, and those for which room would be made later on; and he warned the committee that to put too much on the shoulders of the new ministry at the outset might be to risk a breakdown. But as a matter of fact it was felt by many medical men on the introduction of the ministry of health bill that the medical inspection of school children and young persons formed a necessary part of the duties of any ministry of health; while it may be recalled that dissatisfaction with the provision for the medical treatment of school children under the board of education was strongly expressed in the House of Commons in July last, on the report stage of the education bill, and led to its recommitment in this respect. The standing committee of the House of Commons have moved, perhaps, with more directness than anticipated, but when the bill was drafted no doubt those in charge of the task expected to encounter opposition at this spot. The amendment, which we welcome as a step taken now which it was intended to take in the near future, will be reviewed on report.

MENTAL HYGIENE LEAFLET FOR TEACHERS.

Impressed by the important part which teachers can and should play in the development of mental hygiene, the Public Health Service has prepared the following circular designed to give practical assistance in this important field of public health. It is suggested that State and local health officers, educational authorities, and others interested in promoting mental hygiene reprint this circular in the form of a leaflet and distribute it widely among school teachers in their respective communities.

SIGNIFICANCE OF SOME MENTAL TRAITS IN SCHOOL CHILDREN.

The Teacher's Responsibility.

Because school constitutes so important a period in the development of a child's personality and because the dominant symptoms of a number of well-recognized types of mental disorders may be considered as perversions of certain traits of character common to all children, teachers should learn to recognize faulty traits of character in developing children. For example, the prominent characteristic of a certain type of insanity is an excessive activity, both physical and mental, which is associated with lack of power for prolonged mental concentration. In the depressive form of this same mental disorder self-depreciation is exhibited in inordinate degree; and still another type of insanity is characterized by seclusiveness, reticence, lack of contact with the present, and introspection, with satisfying fancies, substituted for normal healthy interests.

Furthermore, it is quite generally accepted that the imperfect mental adjustment exhibited by a number of individuals who are incapable of the highest citizenship, though not insane in the proper interpretation of the term, is largely due to the lack of proper mental training during childhood.

What Constitutes Personality.

The composite of all the traits of character exhibited by an individual constitutes personality, and this is determined not only by heredity but by the impress of all the extrinsic factors that influence physical and mental growth and development. The recognition of the influence of these factors furnishes the key to the preventive measures which constitute the modern program in mental hygiene. While all persons have the ability in greater or lesser degree, to recognize personality, only few persons are qualified by observation and experience to correctly interpret personality. For example, in the case of an intimate acquaintance it is often possible to foretell his or her mental reaction to new experiences. Personality, therefore, is largely habit of thought and conduct. Unfortunately, in the case of children, faulty habits of thought and conduct are not generally recognized by parents or teachers who may be expected to correct them.

Development of Personality.

The development of personality may be divided arbitrarily into several periods such as (1) prenatal, (2) birth and infancy, (3) preschool, (4) school or preadolescent, and (5) the period of adolescence.

Good and bad influences operating during the first two of these periods leave no conscious impress upon the individual, and during the third period the results are largely stored in subconscious memory. Sickness or injury to either the mother or the child during the first two periods may modify the mental development of the child and, operating during infancy, may likewise interfere with the normal mental attributes of after life.

The training given a child during infancy and the preschool age, his environment, his associations, his fears, his likes and dislikes, the amount of rest and play, and the occurrence of disease all enter into the development of his personality. Although these influences are probably beyond conscious recall, nevertheless they are reflected by his mental adjustments of later life.

School Life.

The future character of a child is beginning to manifest itself when he reaches school age, the so-called preadolescent stage of development. It is at this time that the opportunity of all others presents

itself to the teacher not only to impart the principles of a sound education, but also to take an important part in the building of a sound character for future men and women. This is because faulty traits of personality which may be corrected in their incipency, if neglected tend later in life to become crystallized into habit. In order to impart this training, however, the teacher should become familiar with the significance of certain childish tendencies and their rôle in the development of undesirable traits of character. It may be well, therefore, to describe a number of childish traits that are frequently observed and trace their molding into undesirable habits of thought and action through failure of educators properly to interpret their significance.

Fidgety children.—Teachers should ever bear in mind that the impulsiveness and everchanging activity of a number of so-called fidgety children are but symptoms of mental fatigue. Normal children are active, impulsive, and inquisitive. This is nature's method of education, and children, therefore, should be allowed to exercise these mental traits. Rigid discipline tends to curb natural activities which then seek outlets in other more or less roundabout ways. For example, too rigid discipline tends to cause the harboring of resentment against and disregard for those in authority. When once discipline is relaxed, the child, having failed to learn to control his impulses, frequently finds himself in difficult and compromising situations.

Disciplinary measures should follow the form of substituting desirable activities for undesirable ones. To do this effectively, the teacher, besides having an understanding of personality, should be able, by the exercise of tact and judgment, to secure attention and discipline without apparent effort and without the knowledge of the child. This is especially important when the impulsiveness and activity of the child are so marked as to attract attention.

Children normally concentrate on the thing at hand, but under the artificial restraints of school life they may lose the ability and desire to do this, and become unstable in the direction of their activities. The evidence of fatigue must be watched for and prevented by assigning short tasks that should always be carried to completion and these followed by short periods of relaxation. The tasks should be gradually lengthened, commensurate with the development of the child and made more difficult; otherwise the changing activities symptomatic of fatigue will become crystallized into an unstable personality characterized by faulty thought and aimless purpose. In other words, the natural concentration exhibited by the child should be encouraged and his normal activities should be wisely directed toward useful ends.

A child who has already developed a faulty habit in this respect should be trained so as to be less easily distracted and his natural ability to concentrate should be strengthened by directing his energies along productive lines. Failure to do this will allow the habit to become fixed because of the unconscious tendency of such a child to find an outlet for his excessive energy along the path of least resistance. This leads to an inability to adjust himself to the normal routine of life in later years.

Self-conceit.—The teacher will frequently encounter a child who at home exhibits a marked attachment for either his father or mother and as a result is seldom subjected to disciplinary measures. In school, children of this type often show a like fondness for the teacher or for older children and are made jealous by the attentions of their favorites to other children. In a number of instances such attachments are but a manifestation of the spirit of selfishness and self-aggrandizement. These children are frequently arrogant and cruel to their playmates and are disliked by them.

Teachers should exercise great care to prevent the development of unusual attachments by children at school and substitute for this tendency a desire for normal conduct in respect to their fellow pupils. They should carefully avoid making pets of them and endeavor to teach them to subordinate their own likes and dislikes in proper degree as relating to other children, and to realize that others are entitled to as much consideration as themselves. In the case of a number of such children, neglect of this precaution will result in abnormal mental reactions in later life which will be sources of much unhappiness, discouragement, and difficult adjustment to social and economic requirements.

Introspection and seclusiveness.—Children are naturally imaginative. The fancies of a child are many and varied and serve a proper rôle in the intellectual and emotional development. Unfortunately, the fancies may assume an improper trend fraught with serious consequences. This fact is brought out when it is recalled that children as a rule do not harbor resentment, but naturally attempt to settle their quarrels by argument. On the other hand, a number of children do harbor resentment when their power of self-assertion has been stunted through following the lines of least resistance in the settlement of childish disputes and discords instead of meeting them frankly and squarely. The children of this type are given to so-called day dreams and reflections over supposed wrongs. They weave fancies about supposititious injuries which give a species of satisfaction and contentment. These fancies, unless properly directed, ultimately become fixed habits of thought which make for poor mental adjustment in after life. For this reason, any system of training of children should take into consideration their imaginative faculties and the

tendency to build air castles and weave fancies. When properly controlled these are healthy substitutes for the whimsical and capricious longings of childhood that may ultimately result in mental maladjustment. For this reason the real or fancied wrongs of children should be settled without delay, the discomforts and discords should be smoothed to the satisfaction of the child and he should be encouraged to make confession of his feelings and desires.

Although children suffer a natural degree of shyness and a certain timidity during the formation of an acquaintanceship it is usual for them to adjust their relations with other children for themselves. When the natural desire of children for social intercourse is not encouraged or is undeveloped other children will tease them and torment them, if allowed to do so, or will have nothing to do with them. If a child is able to assert his rights he is taken into the fold by common consent and becomes a part of the flock. If, however, he is not encouraged to overcome shyness and timidity and to assert himself these faulty traits of character become more and more marked. The child becomes seclusive largely because of the greater opportunity afforded him to weave fancies about his insufferable lot. Later in life the habit of introspection thus formed serves as a mental pitfall.

The wise teacher should note seclusiveness in children and the tendency of other children to leave them to this fate. If the true meaning of this is not understood, and if through sympathy she makes the mistake of encouraging a child by adopting him, as it were, as her protégé, the child soon looks upon the teacher as a substitute and clings to her as a protector and the tendency to indulge in reflections over his supposed wrongs is encouraged. Dependence in this respect will increase with advancing age until it becomes a fixed habit of infantile tendencies.

The school régime, including play, should be so adjusted that other children will recognize the needs of these unfortunate ones and encourage them to take their place among them, thereby developing the stunted social traits so that they may eventually exercise a desirable degree of self-assertion.

It will be observed that this article has been limited to the traits of personality which relate to the method of an individual's energy output, his estimate of himself, and his ability to bring himself into harmonious relation with the thought and pursuits of others. Other traits will be considered in another article.

VICTORY IS WORTH THE PRICE.

THE THICK BLOOD FILM METHOD FOR MALARIA DIAGNOSIS APPLICABLE TO PRESENT FIELD CONDITIONS.

By BRUCE MAYNE, Biologist, United States Public Health Service.

The method recommended in this paper is the result of about four years' personal experience with the thick-film method of malarial diagnosis. An attempt has been made to select the best features of methods previously employed in order to develop a technique more suitable for universal application and especially one which shall fit conditions in the usual field laboratories equipped with shifting personnel. The technique has been planned so as to render each step comparatively fool proof, and substitutes a cheaper and more reliable method of staining the malarial parasites for the one formerly employed.

No reference is given to the sources of our information and no claim is made as to the originality of the methods applied.

Preparing the blood smear.—Thick smears may be made in two ways:

1. Several drops of blood "puddled" with a circular movement of needle or corner of slide;
2. The drops of blood "dragged" sharply on the slide. This represents a thin smear thickened.

It has been found by counting five smears of each of the types, in scanning 480 fields, that the drag smear shows an average of 9.7 leucocytes, while there is an average of 11.5 in the puddle smear. The puddle smear, then, shows an average of 1.8 leucocytes per field in its favor.

Although the "drag" smear does not give the concentration of elements found with the "puddle," it has several advantages:

1. The cells and parasites are subject to less distortion, due to quicker drying of the blood;
2. A more uniform spread can be made with a drag smear than with the rotary smear of the other type;
3. The action of the acid alcohol in the process of dissolving the hemoglobin is more rapid;
4. This smear takes the stain more uniformly.

In a thick puddle smear it is found that parasites are less typical and artefacts are more numerous. It is also observed that slow drying of the blood in the thicker film causes shrinkage and distortion.

After the smear is made, the best results are obtained if the slide is left perfectly flat until the blood is dry, on account of the difficulty in clearing the clotted area which results if the slide is otherwise than level. The slide should not be exposed (if the smears are made in the open) to dust-laden winds, especially in country districts, because of the accumulation of spores of certain plants, which, when examined,

make beautiful artefacts and mislead the novice, especially in the similarity to form and staining reaction of crescents. Another caution to be observed is not to blow one's breath on the moist film in the effort to hasten the drying. Troublesome invasion of mouth bacteria often results.

The slides may be marked as formerly, by scratching the blood film with a stylus or an ordinary lead pencil. Either the name of the person examined or a check number corresponding to the notes or history accompanying it may be used. If two specimens are placed on the same slide it is necessary to mark only one. In this case the alternate number is omitted and either the odd or the even numbers are used uniformly. When two specimens are prepared on one slide, the films should be dragged from the middle toward the ends of the slide, care being taken not to have the films overlap nor to use the same edge of the slide to spread both smears; obviously contamination may result. In preparing blood smears from a great many people, it is more convenient to draw the blood from the finger than from the ear, using a straight surgical needle with a spatulate point. Gauze is used for cleaning the finger rather than cotton, as the fibers from the latter are sometimes troublesome. If it is the aim of the operator to combine a differential count with the search for parasites, this may be done by making a thinner thick smear or a thick smear spread over a larger area. Differential counts may be made from thick smears quite expeditiously, as we have found an average of 10 leucocytes per field in normal smears of this character.

Dehemoglobinizing.—We still adhere to the use of hydrochloric acid alcohol for the purpose of dissolving the hemoglobin from the blood of thick films. There appears to be no advantage in using any of the other combinations with acetic acid or formalin, as older authorities have recommended. Likewise, an alcohol weaker than a commercial 95 per cent is considered a disadvantage. It is noted that some workers have recommended strengths of alcohol from 75 to 33 per cent. It has been found that the most uniformly satisfactory reagent is 2 or 3 per cent chemically pure hydrochloric acid in ordinary grain alcohol. As to the length of the time required to free the hemoglobin, it depends, first, on the thickness of the smear; second, on the freshness of the specimen; and, third, on the freshness of the acid alcohol used. The slides should be left in contact with the acid alcohol for a period long enough to insure fixation. This process requires about 10 minutes. The result should be a clear white film when removed from the fixative. Washing out the acid alcohol in running water or in several changes of water requires not more than three to five minutes, and in thin or in very freshly made smears a longer time than this, especially with a heavy stream of water, tends to dissolve much of the film, which is a disadvantage. The

smear should be stained immediately after washing without waiting for the film to dry. If permitted to dry for some time, it has been my practice to dip the cleared specimen in water preparatory to staining.

Preparing the stain.—Methylene blue and eosin combined as directed are used in preparing the stain. Any good stain can be safely recommended to substitute the Grubler dye of former days. For the methods of this special staining the best brands of American stains do equally well. The methylene blue powder ordinarily used and giving good results in bacteriological work may be recommended. The medicinally pure methylene blue has not been sufficiently tested, and therefore is not recommended for this purpose. Any good brand of American-made eosin is safe to use whether red, yellow, water soluble, or alcohol soluble. Good results have been obtained with all of these.

Goldhorn's method of polychroming the methylene blue is preferred. This process has proved generally satisfactory. One gram of methylene blue is added to one-half gram of lithium carbonate in 100 cubic centimeters of distilled water. The mixture is allowed to stand for five or six hours or overnight and applied without filtering. If it is desirable to use the stains immediately after mixing, the process can be hastened by heating in a water bath at a temperature of 65° C. for a period of 30 minutes. If the matter of time is not to be considered, the polychroming may be accomplished overnight. The 1 per cent methylene blue is employed as the stock stain. The eosin stock is made conveniently in a 3 per cent aqueous solution and can be used immediately after thorough mixing.

The dilutions for staining are prepared as follows:

Three cubic centimeters of the stock methylene blue are added to 100 cubic centimeters of distilled water, and 2.5 cubic centimeters of stock eosin are added to 100 cubic centimeters of distilled water, and kept separately. The cleared specimen is stained in the blue for four minutes, in the eosin one minute, and again in the blue one minute; rinsing in eosin finally is optional. It is wise to rinse off the stain in transferring from one stain to another, so that the staining may be more exact and stain precipitation avoided. The washing after staining should be done cautiously; a mere rinsing is sufficient. The slides should not be blotted, but allowed to dry in the air or by aid of an electric fan.

Slide holders.—A large variety of slide holders is now available for use in the preparation of large numbers of blood specimens. The type of holder depends on the number of smears one wishes to prepare simultaneously. The glass staining jars, with partitions for holding the slides, are very convenient, preferably the flat dish of 100 cubic centimeters capacity, holding 10 to 20 slides. Another

type, with partitions of hard rubber plates adjusted on three metal rods, with a capacity of about 24 slides, is also convenient. The objection to this type is that it can be used only with slides containing the single smear, as the rubber plates cover a considerable part of the upper end of the slide. For preparing a large number of specimens simultaneously we have used a metal carrier with partitions which accommodate 50 slides or more. This, when loaded with the slides, can be immersed in various solutions, as the slides are held in a horizontal position exposed to the action of reagents contained in glass trays. A carrier of this type may also be made of hard rubber. The writer has devised a carrier constructed of two long hair combs, the teeth of which are sawed through the length sufficient for them to extend just far enough to serve as partitions for the slides, which are held in place and prevented from slipping by fastening a section of a hard rubber ruler on the back of the combs. The two combs are held parallel, the proper distance apart, by means of hard rubber pieces joined by silver bands. For convenience handles of hard rubber are added and fastened to the ends by means of silver rivets. This comb slide carrier may be made of any convenient length up to a capacity of 65 slides. It has the advantage of being acid proof and noncorrosive, features which are lacking in the metal container. It is necessary to provide glass trays to accommodate the slide carriers of the various types. Separate containers are required for holding the two stains and the acid alcohol and for the rinsing water. In an ordinary glass staining dish only one container is required, as the solutions are poured in and out without removing the slides. This latter type of staining dish is recommended for use in smaller operations and when it is desirable to economize strictly with the various reagents.

If, as rarely occurs, precipitated stain is deposited on the blood films, it is quickly removed by first dipping the slide in water and then immersing in Wright's stain, which is kept indefinitely and used for this purpose exclusively. In addition to removing the precipitated stain, if such action is desired, the Wright stain is effective in intensifying the color of the cells. Neither dilute acetic acid nor methyl alcohol used alone will clear the deposited excess stain without decolorizing the stained cells to some extent.

Examination of the specimen.—It is to be pointed out that if a person examines blood smears exclusively every aid should be offered to facilitate not only rapidity of work but primarily comfort and convenience to the microscopist, as, on all accounts, eye strain is to be guarded against. Therefore, I prefer the lowest power practicable of both ocular and objective. I believe that there is a decided disadvantage in using the highest powers on account of the limited fields scanned and the eye strain often resulting. In rapid examination,

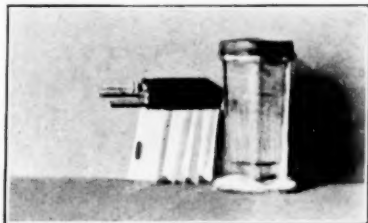


Fig. 1.—Mechanical slide-holding rack with rubber plates graduated on metal rods, and glass staining jar of familiar type.

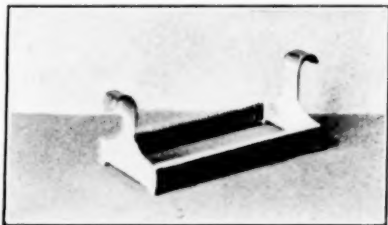


Fig. 2.—Metal slide holder of acid-proof metal.

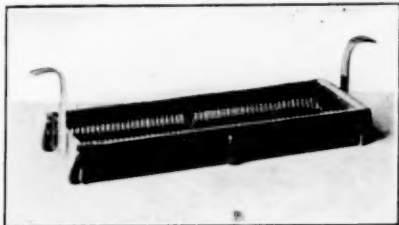


Fig. 3.—Hard rubber slide holder made of hair combs.

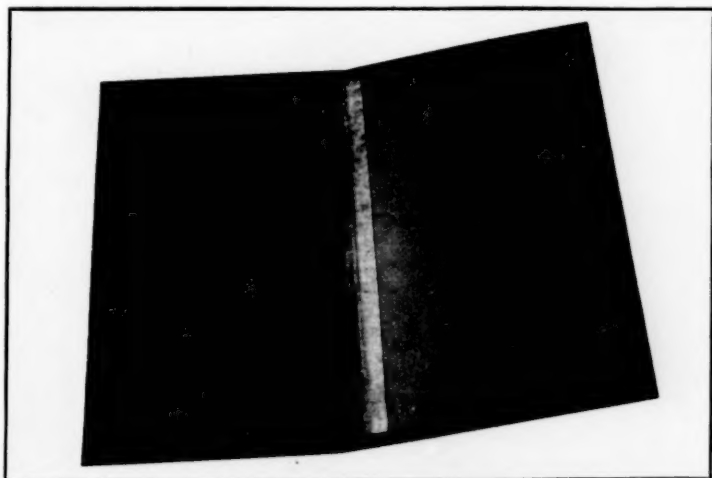
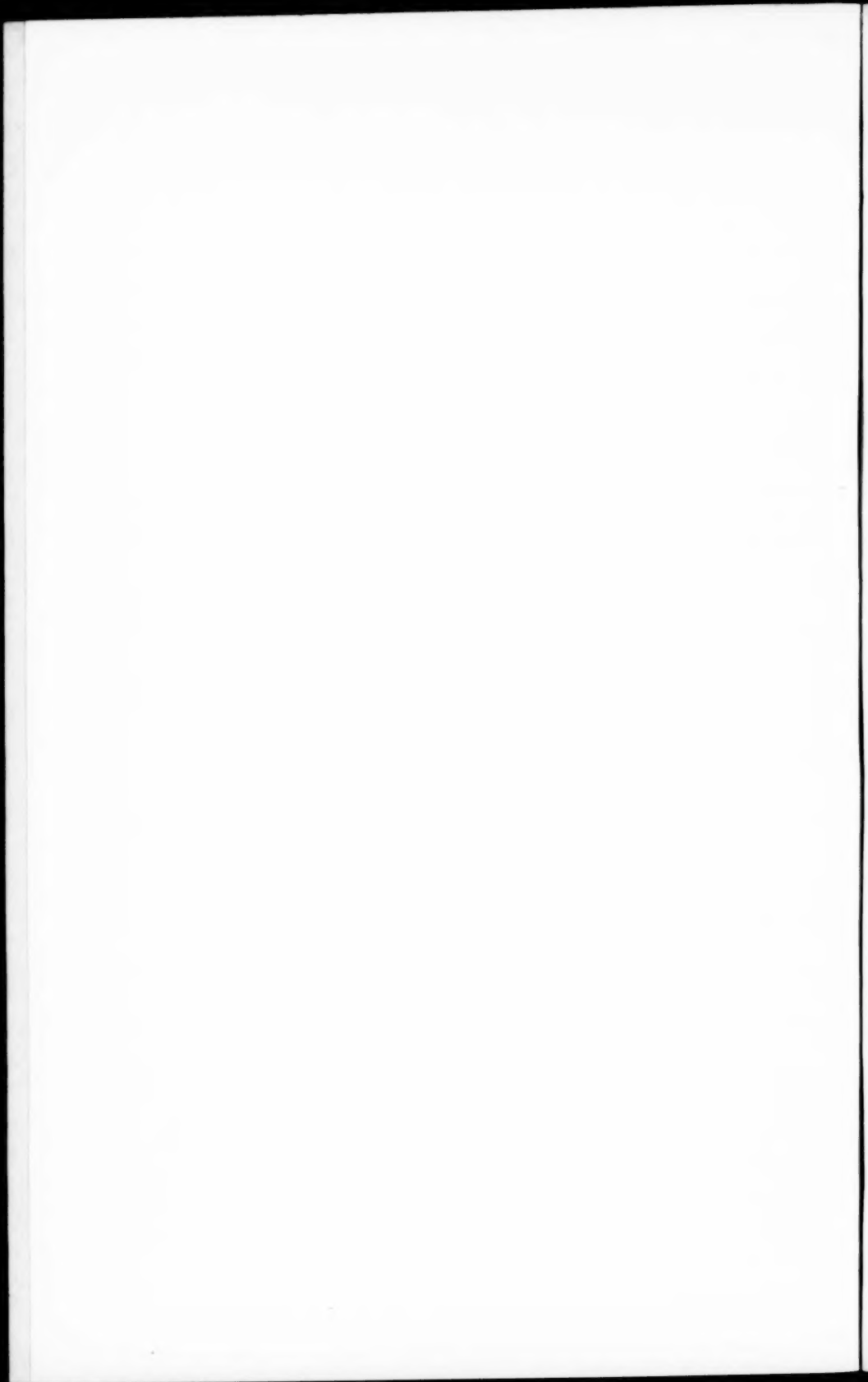


Fig. 4.—Cardboard tray for holding wet blood films.



which this type of work requires, care should be taken to use the fine adjustment as little as may be necessary, in order to save the eyes from the strain involved in rapid changes of focus. The habit of making unnecessary and spasmodic movement of the fine adjustment is easily acquired. Of course, the microscope used must be a serviceable one, with a good type of mechanical stage and well adjusted.

Without considerable training, one can not examine satisfactorily more than 30 blood specimens in the course of the day's work. It is feasible with much practice to finish 75 specimens in one day, and even as many as 100, provided that this is not a routine procedure. But for the average microscopist, making a routine blood index, it is to be insisted upon that not more than 50 examinations should be attempted in one day's work. Aside from the eye strain resulting from making too many examinations in one day, there is also to be considered the matter of mental dullness. This has been observed to affect even the most ardent searcher for blood parasites. To facilitate the examinations, especially where proper natural illumination is not obtainable, the new "daylight" filter microscope lamps are to be recommended. The newer types of binocular high-power microscopes are of decided advantage for work of this character.

The worker is sometimes puzzled as to how extensive an examination to make in order to declare a blood specimen negative for malaria parasites. It has been established by careful technicians that an examination of 20 minutes through thin blood smears is sufficient for a decision. Previously, we fixed arbitrarily an examination of 10 minutes as a maximum for thick smears. This is unnecessary and wasteful of time, as, after a series of careful counts, in the majority the parasites are discovered within 3 minutes. Rather than decide a negative finding by time limits it is advantageous to use a small metal hand register for the counting of the number of fields scanned. A maximum of 100 fields is sufficient to establish a negative finding. With large experience, 50 to 75 fields may be selected as the criterion. Another disadvantage of using the watch for decision is obvious when the fields are poorly stained. This is overcome in registering only the number of fields which are well stained.

One soon becomes accustomed to the appearance of the cells in thick blood smears. The peculiarities in the distorted appearance of the blood elements are due primarily to the slow drying and the action of the acid alcohol. In the thicker films, shrinkage and distortions are more apparent than in the thin thick smears. Moreover, in the former it is observed that there is a greater number of artefacts. A very common artefact, which all workers encounter in thick as well as thin films, is the clumping of the platelets. The clumped platelets observed in these dehemoglobinized preparations resemble microzoites of segmenting schizonts, especially those of *Plasmodium vivax*. A

method is yet to be devised which will effectually eliminate the staining of the blood platelets.

In interpreting the appearance of gametocytes in this type of blood smear, the action of the acid alcohol used in clearing should be taken into consideration. The sexual organisms appear devoid of the characteristic malaria pigment, which has been quite thoroughly dissolved in the process of clearing the hemoglobin out of the erythrocytes. Here is given further evidence of the chemical affinity of the malaria pigment and the hemoglobin of the blood. The action of the acid alcohol depends for its rapidity on its freshness and on the age of the blood specimen, requiring from 30 seconds to several hours for complete clearing of the coloring matter of the blood.

Although it is not absolutely necessary, it is advantageous to renew the stock stain in about 30 days, as a slight deterioration has been detected after that time. If it is found that a considerable quantity of the original stain remains after 30 days, and if it is deemed economical to use the material, it is necessary to concentrate the dilutions prepared in staining about five times after filtering the original stock stain. This applies more particularly to the methylene blue. To obtain the best results it is advisable to use freshly diluted stains for each lot of 20 or 30 slides. Also, if it is found necessary to store the blood specimens before time can be spared for examination, it is of decided advantage to clear and fix them and, if possible, to stain them soon after they are made. It has been my experience that thick dried blood films kept unstained for several weeks do not respond to the treatment of the thick smear technique necessary to obtain satisfactory results.

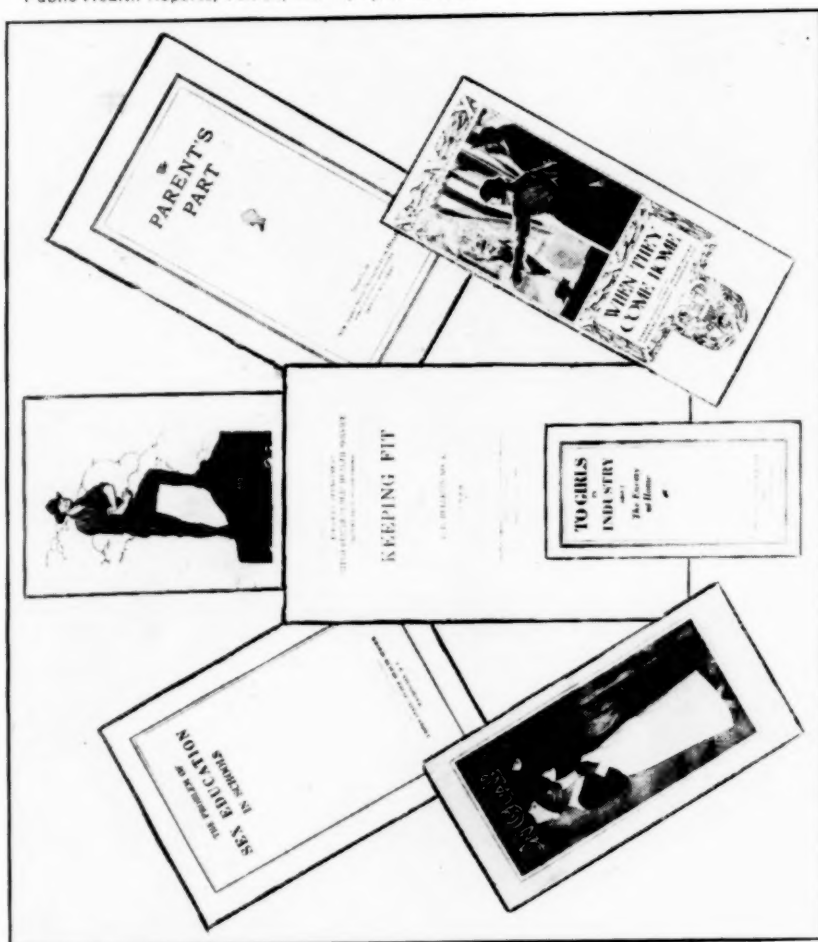
The writer desires to record his indebtedness to Prof. William Krauss, of Tennessee University, for invaluable suggestions contributed toward the preparation of this article.

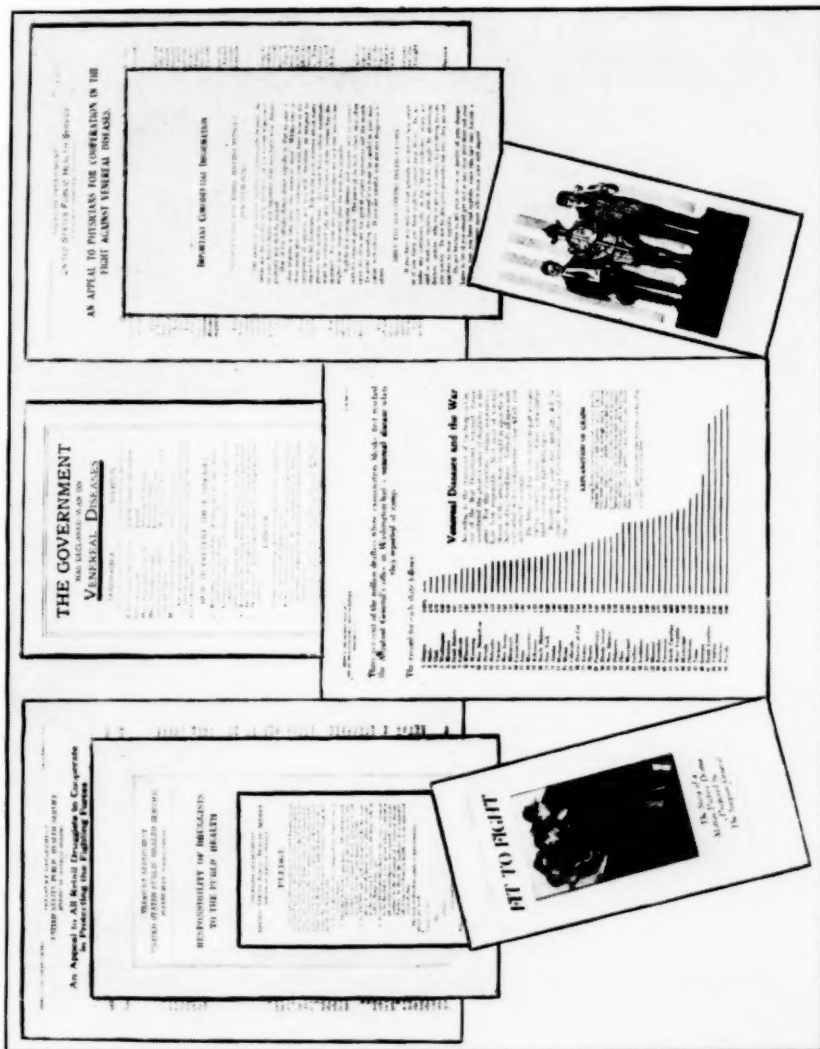
VENEREAL DISEASE PUBLICATIONS.

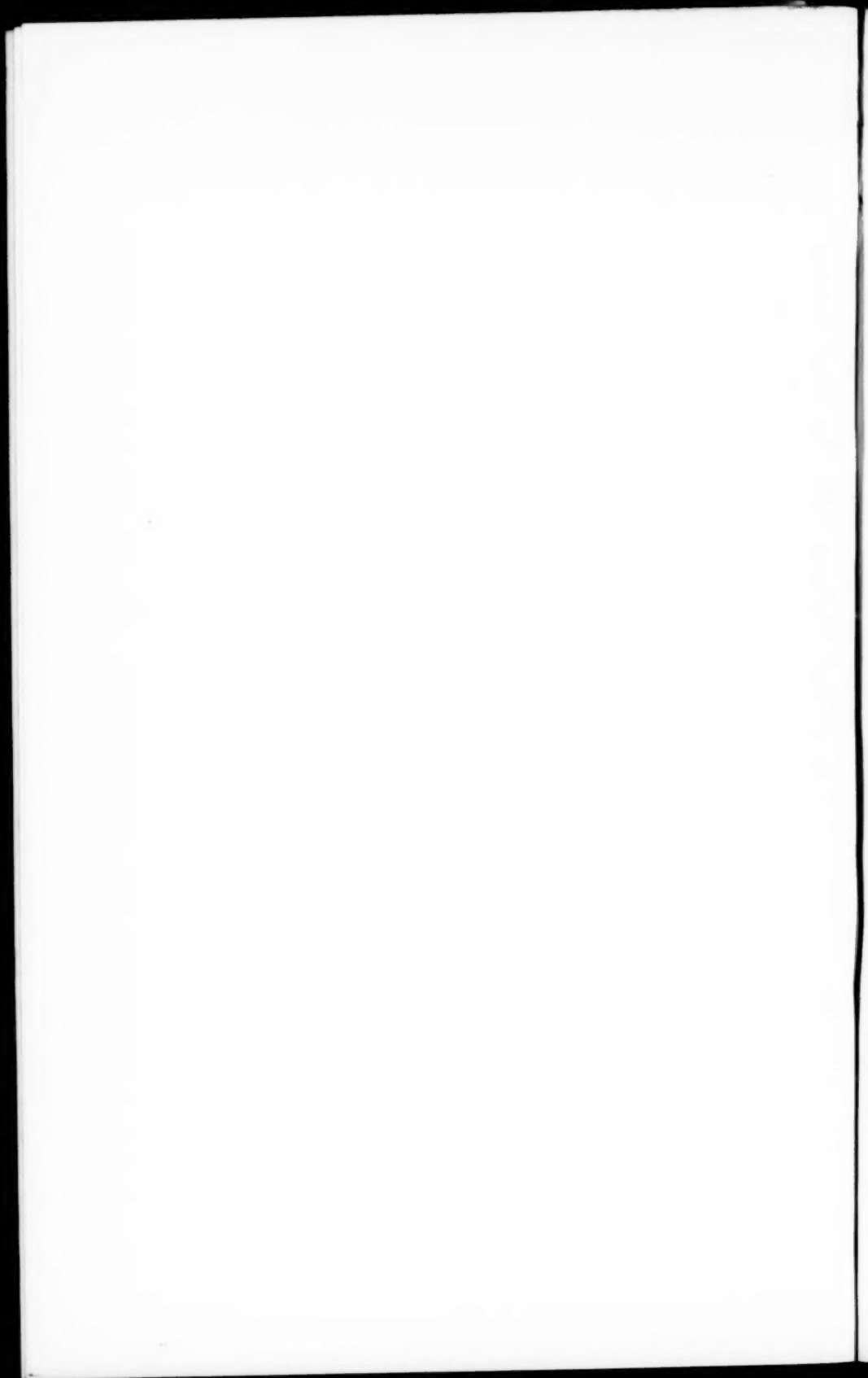
DISTRIBUTION BY STATE BOARDS OF HEALTH AND THE PUBLIC HEALTH SERVICE.

Health officers generally are not only willing but anxious to promote the education of the public in regard to venereal diseases, but many are deterred from any active propaganda by the difficulty encountered in the presentation of this subject. The bureau, in cooperation with the State boards of health in 42 of the States, has prepared pamphlets to meet the growing demand on the part of the public for authentic information in regard to venereal disease control. The following is a list of the pamphlets now available for distribution either by the State boards of health or by the Public Health









Service. Requests for these pamphlets should be made to the State health officer, and, if the State board of health can not supply them, limited numbers will be supplied by the Surgeon General, United States Public Health Service, Washington, D. C.

Instructions to Medical Officers in Charge of Venereal Disease Clinics. Miscel. Pub. No. 19.

Keeping Fit; V. D. pamphlet No. 1.

Responsibility of Druggists to the Public Health; V. D. pamphlet No. 2.

Fit to Fight; V. D. pamphlet No. 3.

Keep them Fit; V. D. pamphlet No. 4.

The Attack on Venereal Diseases; V. D. pamphlet No. 5.

Manpower; V. D. pamphlet No. 6.

The Problem of Sex Education in Schools; V. D. pamphlet No. 7 (printed by New Jersey State Board of Health).

On Guard; V. D. pamphlet No. 8 (printed by New Jersey State Board of Health).

The Need for Sex Education; V. D. pamphlet No. 9.

Why Should High Schools and Colleges Provide Sex Instruction? V. D. pamphlet No. 10.

Venereal Disease—A Public Health Problem for Civilian Communities; V. D. pamphlet No. 11.

An Appeal to all Retail Druggists to Cooperate in Protecting the Fighting Forces; V. D. pamphlet No. 21.

When they Come Home; V. D. pamphlet No. 23.

War On Venereal Disease to Continue; V. D. pamphlet No. 24.

An Appeal to Advertising Media to Cooperate in the Fight Against Venereal Diseases; V. D. pamphlet No. 25.

Shall we Finish the Fight? V. D. pamphlet No. 26.

Venereal Diseases and the War; V. D. pamphlet No. 27.

Come Clean; V. D. pamphlet No. 28.

Placard for Toilets; V. D. pamphlet No. 29.

Important Confidential Information for Patients; V. D. pamphlet No. 31.

**THE DUTY OF AMERICA
SUPPORT THE
FIFTH LIBERTY LOAN.**

DEATHS DURING WEEK ENDED APRIL 12, 1919, IN CITIES.

The table following shows the registered deaths from all causes and from pneumonia (all forms) and influenza combined in certain large cities of the United States during the week ended April 12, 1919.

The data are taken from the "Weekly Health Index," April 15, 1919, issued by the Bureau of the Census, Department of Commerce.

Registered deaths and annual death rates per 1,000 population in certain large cities of the United States, week ended Apr. 12, 1919—Deaths from all causes, and from pneumonia (all forms) and influenza combined.

City.	Population July 1, 1918, estimated.	Total deaths, all causes.	Annual death rate per 1,000.	Annual death rate for preceding year. ¹	Influenza and pneumonia (all forms).	
					Number of deaths.	Annual death rate per 1,000.
Albany, N. Y.	112,565	43	19.9	C. 25.0	9	4.2
Atlanta, Ga.	201,732	55	14.2	C. 23.0		
Baltimore, Md.	669,981	230	17.9	A. 21.1	31	2.4
Boston, Mass.	785,245	292	19.4	A. 17.8	42	2.8
Buffalo, N. Y.	473,229	173	19.1	C. 18.8	35	3.9
Cambridge, Mass.	111,432	29	13.6	A. 16.7		
Chicago, Ill.	2,596,681	721	14.5	A. 16.6	135	2.7
Cincinnati, Ohio.	418,022	131	16.3	C. 22.1	23	2.9
Cleveland, Ohio.	810,306	282	18.1	C. 17.8	57	5.6
Columbus, Ohio.	225,296	63	14.6	C. 20.4	20	4.6
Dayton, Ohio.	130,655	36	14.4	C. 17.6	12	4.8
Denver, Colo.		63				
Fall River, Mass.	128,392	34	15.4	C. 19.1	5	2.0
Grand Rapids, Mich.	135,450	40	15.4	C. 18.9		
Indianapolis, Ind.	289,577	92	16.6	C. 22.1		
Jersey City, N. J.	318,779	95	15.5	C. 16.0		
Kansas City, Mo.	313,785	111	18.4	C. 21.3	45	7.5
Los Angeles, Calif.	568,495	147	13.5	A. 13.4	21	1.9
Louisville, Ky.	242,707	85	18.3	C. 20.8	15	3.2
Lowell, Mass.	102,081	34	16.3	A. 18.2		
Memphis, Tenn.	154,759	75	25.3	C. 19.2	14	4.7
Milwaukee, Wis.	453,481	136	15.6	A. 14.4		
Minneapolis, Minn.	383,442	104	14.1	C. 23.1		
Nashville, Tenn.	119,215	44	19.2	C. 27.1		
Newark, N. J.	428,684	106	12.9	C. 18.9	19	2.3
New Haven, Conn.	154,865	41	13.8	C. 24.9		
New Orleans, La.	382,273	143	19.5	A. 19.3		
New York, N. Y.	5,215,879	1,611	16.1	C. 19.1	379	3.7
Oakland, Calif.	214,206	50	12.2	A. 11.4		
Philadelphia, Pa.	1,761,371	564	16.7	A. 18.4	117	3.5
Pittsburgh, Pa.	593,303	229	20.1	C. 27.2	83	7.3
Portland, Oreg.		57			8	
Providence, R. I.	263,613	79	15.6	C. 24.7		
Richmond, Va.	160,719	55	17.8	C. 14.6	8	2.6
Rochester, N. Y.	264,856	86	16.9	C. 17.7	12	2.4
St. Louis, Mo.	779,951	219	14.6	C. 16.8		
St. Paul, Minn.	257,099	58	11.7	C. 13.6		
San Francisco, Calif.	478,530	174	19.0	C. 19.1	34	3.7
Seattle, Wash.		58			7	
Spokane, Wash.		17				
Syracuse, N. Y.	161,404	41	13.2	C. 29.1	4	1.3
Toledo, Ohio.	262,234	85	16.9	A. 12.0	27	5.4
Washington, D. C.	401,681	113	14.7	A. 19.2	13	1.7
Worcester, Mass.	173,650	48	14.4	C. 22.2	8	2.4

¹ "A" indicates that the rate given is the average annual death rate per 1,000 population for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates that the rate is the annual death rate per 1,000 population for the corresponding week of 1918.

² Population estimated as of July 1, 1919.

³ Rate is based on statistics of 1915, 1916, and 1917.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED APR. 19.

CHARLESTON SANITARY DISTRICT, S. C.		GAS AND FLAME SCHOOL ZONE, GA. AND ALA.—continued.	
Smallpox:	Cases.	Mumps:	Cases.
Charleston.....	1	Columbus.....	3
CAMP DIX ZONE, N. J.		Muscogee County.....	1
No cases of communicable disease reported.		Pellagra:	
FAYETTEVILLE SANITARY DISTRICT, N. C.		Columbus.....	17
Gonorrhea.....	4	Pneumonia:	
Measles.....	8	Columbus.....	5
Smallpox.....	2	Smallpox:	
Tetanus.....	2	Columbus.....	2
CAMP FUNSTON ZONE, KANS.		Muscogee County.....	3
Junction City:		Syphilis:	
Chicken pox.....	2	Bibb City.....	2
Gonorrhea.....	1	Columbus.....	7
Mumps.....	1	Muscogee County.....	3
Smallpox.....	1	Tuberculosis:	
Manhattan:		Columbus.....	1
Chicken pox.....	1	Whooping cough:	
Gonorrhea.....	2	Columbus.....	8
Influenza.....	4	CAMP GORDON ZONE, GA.	
Mumps.....	2	Atlanta:	
Pneumonia.....	2	Chancroid.....	1
GAS AND FLAME SCHOOL ZONE, GA. AND ALA.		Chicken pox.....	11
Cerebrospinal meningitis:		Diphtheria.....	2
Muscogee County.....	1	Gonorrhea.....	52
Gonorrhea:		Influenza.....	5
Columbus.....	9	Measles.....	6
Girard.....	1	Mumps.....	1
Muscogee County.....	1	Pneumonia.....	2
Hookworm:		Scarlet fever.....	8
Columbus.....	4	Smallpox.....	32
Malaria:		Syphilis.....	40
Columbus.....	1	Tuberculosis.....	15
Measles:		Whooping cough.....	1
Columbus.....	14	GULFPORT HEALTH DISTRICT, MISS.	
Muscogee County.....	1	Chicken pox:	
		Long Beach.....	1
		Pascagoula.....	3

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED APR. 19— Continued.

GULFPORT HEALTH DISTRICT, MISS.—contd.

Gonorrhea:	Cases.
Gautier.....	1
Pascagoula.....	1
Moss Point.....	1
Hookworm:	
Ocean Springs.....	5
Standard.....	1
Influenza:	
Biloxi.....	1
Wade.....	1
Malaria:	
Biloxi.....	2
Escatawpa.....	3
Handsboro.....	2
Logtown.....	3
Mississippi City.....	2
Moss Point.....	4
Pascagoula.....	1
Pineville.....	1
Gulfport.....	1
Measles:	
Escatawpa.....	1
Moss Point.....	1
Mumps:	
Biloxi.....	3
Gulfport.....	5
Kreole.....	2
Long Beach.....	1
Mississippi City.....	10
Pellagra:	
Gulfport.....	1
Mississippi City.....	3
Pneumonia:	
Caesar.....	1
Biloxi.....	4
Gautier.....	1
Gulfport.....	2
Smallpox:	
Picayune.....	2
Whooping cough:	
Gulfport.....	1
Hovey.....	2
Long Beach.....	1
Saucier.....	1

CAMP A. A. HUMPHREYS ZONE, VA.

Alexandria:	
Diphtheria.....	1
Gonorrhea.....	2
Measles.....	1
Mumps.....	4
Smallpox.....	3
Syphilis.....	1
Tonsillitis.....	1
Tuberculosis, pulmonary.....	1
Typhoid fever.....	2
Fairfax County:	
Gonorrhea.....	1

CAMP JACKSON ZONE, S. C.

Columbia:	
Chicken pox.....	2
Measles.....	1

CAMP JACKSON ZONE, S. C.—continued.

Columbia—Continued.	Cases.
Mumps.....	2
Smallpox.....	4
Whooping cough.....	2
Government clinic:	
Chaneroid.....	1
Gonorrhea.....	22
Syphilis.....	28

CAMP LEE ZONE, VA.

Petersburg:	
Gonorrhea.....	8
Syphilis.....	8
Prince George County:	
Whooping cough.....	1

CAMP LEWIS ZONE, WASH.

Chicken pox:	
Roy.....	4
Influenza:	
Stellacoom.....	5
Measles:	
Stellacoom.....	11
Mumps:	
Dupont.....	1
Parkland.....	5
Tuberculosis:	
Parkland.....	1

CAMP MERRITT ZONE, N. I.

Englewood:	
Chicken pox.....	3
Influenza.....	7
Measles.....	1
Pneumonia.....	3
Syphilis.....	1
Tuberculosis, pulmonary.....	1
Haworth:	
Measles.....	3

MUSCLE SPICAC SANITARY DISTRICT, ALA.

Florence:	
Chicken pox.....	2
Scarlet fever.....	1
Nitrate plant No. 2:	
Chaneroid.....	1
Gonorrhea.....	10
Influenza.....	9
Pneumonia.....	4
Syphilis.....	8
Sheffield:	
Chicken pox.....	1
Mumps.....	5

PICRIC ACID PLANT ZONE, GA.

Brunswick:	
Gonorrhea.....	1
Measles.....	3
Mumps.....	3
Syphilis.....	1

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED APR. 19— Continued.

CAMP PIKE ZONE, ARK.

	Cases.
Chancroid:	
Little Rock.....	4
Chicken pox:	
Little Rock.....	3
North Little Rock.....	1
Gonorrhea:	
Little Rock.....	14
North Little Rock.....	1
Influenza:	
Little Rock.....	2
North Little Rock.....	1
Malaria:	
Little Rock.....	3
Mumps:	
Little Rock.....	6
Pneumonia:	
North Little Rock.....	1
Scott.....	1
Scarlet fever:	
Little Rock.....	1
North Little Rock.....	5
Smallpox:	
Little Rock.....	1
Syphilis:	
Scott.....	1
Little Rock.....	9
Tonsillitis:	
Little Rock.....	2
Tuberculosis:	
Little Rock.....	5
North Little Rock.....	1
Levy.....	1

CAMP FOLK ZONE, N. C.

Cerebrospinal meningitis:	
Durham.....	1
Chicken pox:	
Durham.....	21
Durham Township.....	1
Middle Creek Township.....	1
Raleigh.....	8
Gonorrhea:	
Durham.....	3
Mumps:	
Durham.....	2
Smallpox:	
Durham.....	2
Holly Springs Township.....	1
White Oak Township.....	1
Syphilis:	
Durham.....	3
Tuberculosis:	
Raleigh.....	1
Typhoid fever:	
Raleigh.....	1
Whooping cough:	
Cedar Fork Township.....	5
Durham.....	5
White Oak Township.....	2

PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.

	Cases.
Chicken pox:	
Norfolk.....	2
Measles:	
Norfolk.....	3
Portsmouth.....	1
Port Norfolk.....	1
Scarlet fever:	
Norfolk.....	1
Portsmouth.....	1
Smallpox:	
Norfolk.....	4
Tuberculosis:	
Portsmouth.....	3

CAMP SHERIDAN ZONE, ALA.

Montgomery:	
Measles.....	2
Scarlet fever.....	5
Syphilis.....	1
Government clinic:	
Chancroid.....	1
Gonorrhea.....	14
Syphilis.....	16

CAMP SHERMAN ZONE, OHIO.

Chillicothe:	
Diphtheria.....	2
Measles.....	1
Scarlet fever.....	3
Tuberculosis, pulmonary.....	1
Government clinic:	
Gonorrhea.....	9
Syphilis.....	4

SOUTHER FIELD ZONE, GA.

Mumps.....	1
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TIDEWATER HEALTH DISTRICT, VA.

Bubo:	
Government clinic.....	1
Chicken pox:	
Newport News.....	2
Gonorrhea:	
Government clinic.....	27
Newport News.....	10
Measles:	
Newport News.....	1
Meningitis, tubercular:	
Newport News.....	1
Mumps:	
Newport News.....	1
Pertussis:	
Foxhill.....	8
Pneumonia:	
Newport News.....	2
Rubella:	
Newport News.....	1
Scarlet fever:	
Newport News.....	1

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED APR. 19— Continued.

TIDEWATER HEALTH DISTRICT, VA.—continued.		CAMP UPTON ZONE, N. Y.	
Smallpox:	Cases.	Brook Haven:	Cases.
Newport News.....	2	Measles.....	1
Syphilis:		Pneumonia, lobar.....	1
Government clinic.....	3	Typhoid fever.....	1
Tuberculosis:		Patchogue:	
Newport News.....	3	Diphtheria.....	1
Typhoid fever:		Pneumonia, broncho.....	1
Newport News.....	1	Tuberculosis.....	2
Phoenix.....	5		
Veneral, mixed:		WILMINGTON SANITARY DISTRICT, N. C.	
Government clinic.....	1	East Wilmington:	
		Tuberculosis.....	1
		Harnett Township:	
		Chicken pox.....	1
		Wilmington:	
		Gonorrhea.....	5
		Influenza.....	1
		Measles.....	1
		Mumps.....	2
		Scarlet fever.....	2
		Syphilis.....	3
		Tetanus.....	1
		Tuberculosis.....	1

CAMP TRAVIS ZONE, TEX.

San Antonio:	
Cerebrospinal meningitis.....	2
Chickenpox.....	6
Diphtheria.....	2
Gonorrhea.....	14
Malaria.....	1
Measles.....	1
Pneumonia.....	1
Syphilis.....	4

DISEASE CONDITIONS AMONG TROOPS IN THE UNITED STATES.

The following data are taken from telegraphic reports received in the office of the Surgeon General of the United States Army for the week ended April 11, 1919. Reports from the American Expeditionary Forces are delayed in transmission, and the "current week" for troops in the American Expeditionary Forces is not the same period as "current week" for troops in the United States.

	Current week.	Last week.
Annual admission rate per 1,000 (all causes).....	634.34	667.08
All troops in United States.....	1,108.51	1,274.67
American Expeditionary Forces.....	471.94	407.31
Annual admission rate per 1,000 (disease only).....	564.08	585.38
All troops in United States.....	938.41	1,077.26
American Expeditionary Forces.....	435.88	420.95
Noneffective per 1,000 on day of report.....	47.13	45.23
All troops in United States ¹	57.48	61.78
American Expeditionary Forces.....	43.59	39.71
Annual death rate per 1,000 (all causes).....	6.94	7.20
All troops in United States ¹	9.36	8.53
American Expeditionary Forces.....	6.11	6.76
Annual death rate per 1,000 (disease only).....	4.63	5.68
All troops in United States ¹	8.57	7.56
American Expeditionary Forces.....	2.67	5.06

¹ Sick and death rates among troops in the United States will continue to be relatively high, as the numerical strength of troops in the United States continues to decline from week to week as a result of demobilization. Well men only are eligible for discharge, while the sick and otherwise disabled are retained in service for further treatment. The continued influx of sick and wounded (properly chargeable to commands overseas) is another factor tending to increase rates in the United States and to diminish correspondingly similar rates overseas.

Cases of special diseases reported during the week ended April 11, 1919.

Camp.	Pneumonia.	Dysentery.	Malaria.	Venereal diseases.		Influenza.	Measles.	Meningitis.	Scarlet fever.	Annual admission rate per 1,000 (disease only).	Non-effective rate per 1,000 on day of report.
				Total.	New infections.						
Bowie.....	1		3	34	7	2				4,646.85	160.35
Brace.....	1									536.06	13.12
Custer.....	1			5	3				6	818.51	55.18
Devens.....	16			11		70			5	976.58	47.27
Dix.....	6			13	1				1	1,215.31	86.11
Dodge.....	4			12	7		1		1	466.36	143.37
Eustis.....										1,737.19	51.22
Fremont.....											5.18
Funston.....				12					1		57.66
Gordon.....	1			25		9				1,991.06	82.19
Grant.....	4			71	2		5		3	2,967.10	67.00
Humphreys.....				2						809	58.63
Jackson.....	3			20			1			1,785.22	71.25
Kearny.....				4	3					1,677.03	90.52
Henry Knox.....	1			3						97.36	7.82
Lee.....	3			33	4	2			2	1,553.60	98.24
Lewis.....	3			6	1	1			1	1,637.50	118.96
Meade.....	1			20	2	1	2		1	1,134.46	80.47
Pike.....	4		1	40	3	1	1			1,793.61	128.81
Shelby.....				12	10				1	2,911.62	105.93
Sherman.....	2			31		31		1	1	2,201.11	11.12
Taylor.....	4			8	4	4				438.55	137.91
Travis ¹	2	1		10		1				1,032.52	99.62
Upton.....	8			24	4	11	2			1,836.58	48.49
Las Casas.....	2									416.00	39.27
Northeastern Department.....	1			1		5				1,111.62	31.28
Eastern Department.....				15	6	1		2		565.01	19.75
Southeastern Department.....			1	22	5					839.80	26.12
Central Department.....				1						685.62	25.05
Southern Department.....			1	54	8	19		1		786.20	53.19
Western Department.....	1			4	3	3	1		3	792.47	19.00
Aviation camps.....	1			25		1				684.62	39.24
Port of embarkation:											
Hoboken.....	13			13	3	49	5		5	706.22	71.08
Newport News.....	11			45	8	20	2			1,051.55	68.39
Fort Monroe.....				5		2	1			789.41	35.35
Alcatraz, Disciplinary Barracks.....										1,253.01	27.10
Leavenworth, Disciplinary Barracks.....									1	659.56	38.30
Columbus Barracks.....				1			1			1,592.39	52.79
Jefferson Barracks.....				4		2				2,611.60	131.13
Fort Logan.....				4						2,260.86	52.17
Fort McDowell.....			1			7				1,589.51	29.11
Fort Sill.....				4	4		1			443.35	27.87
Fort Thomas.....				1						698.59	29.10
Fort Thomas.....										919.19	47.97
West Point.....				1						870.05	22.30
Arsenals.....				5			1			646.64	43.06
Miscellaneous small stations.....				6		1				587.47	30.64
Total.....	93	1	7	607	88	244	24	2	33	938.41	57.48

¹ One case of typhoid fever reported from Camp Travis.

BUY A SHARE IN VICTORY BY BUYING
FIFTH LIBERTY LOAN BONDS.

Number of deaths and annual rates per 1,000 at large camps in the United States, week ended Apr. 11, 1919.

Camp.	Strength.	Deaths.		Annual death rate per 1,000.	
		All causes.	Disease only.	All causes.	Disease only.
Bowie.....	4,409	1	1	11.79	11.79
Bragg.....	1,067				
Custer.....	5,400	1	1	9.62	9.62
Devens.....	20,548	1	1	2.53	2.53
Dix.....	17,505	2	2	5.94	5.94
Dodge.....	8,028	1	1	6.47	6.47
Eustis.....	449				
Fremont.....	193				
Funston.....	5,858				
Gordon.....	7,823				
Grant.....	12,042	2	2	8.63	8.63
Humphreys.....	2,132				
Jackson.....	10,021	1	1	5.18	5.18
Kearny.....	3,465	1	1	9.80	9.80
Henry Knox.....	11,750	2	2	8.85	8.85
Lee.....	10,246	1	1	5.07	5.07
Lewis.....	5,716	1	1	9.09	9.09
Meade.....	11,782	4	4	17.65	17.65
Pike.....	6,987	1	1	7.44	7.44
Shelby.....	3,301				
Sherman.....	14,347	1	1	3.62	3.62
Taylor.....	12,451				
Travis.....	5,842				
Upton.....	21,328	2	2	4.37	4.37
Wheeler.....	495				
Las Casas.....	1,375				
Northeastern Department.....	3,228				
Eastern Department.....	20,452	5	2	12.71	5.06
Southeastern Department.....	8,421				
Central Department.....	5,309				
Southern Department.....	33,933	3	3	4.59	4.59
Western Department.....	10,639				
Aviation camps.....	19,903	2	1	5.22	2.61
Port of embarkation:					
Hoboken.....	38,736	5	5	6.71	6.71
Newport News.....	21,610	2	1	4.81	2.42
All others.....	95,324	44	42	24.00	22.91
Total.....	462,118	83	70	9.36	8.57

Annual admission rate per 1,000 for certain diseases.

Disease.	Troops in United States.		American expeditionary forces.	
	Current week.	Last week.	Current week.	Last week.
Pneumonia.....	10.49	9.72	12.26	15.93
Dysentery.....	.11	.43	.73	.57
Malaria.....	.79	1.40	.19	.39
Veneral.....	68.62	68.05	56.29	34.97
Paratyphoid.....		.19	4.37	
Typhoid.....	.11		.69	1.04
Measles.....	2.71	3.13	1.97	3.07
Meningitis.....	.22	.75	.61	1.12
Scarlet fever.....	3.72	5.29	.85	.39
Influenza.....	27.54	18.36		

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Apr. 19, 1919.

Alabama.—State totals: Typhoid fever 7, malaria 7, smallpox 29, measles 32, scarlet fever 5, diphtheria 9, tuberculosis 14, influenza 4.

Arkansas.—State totals: Influenza 27, measles 36, malaria 48, mumps 13, tuberculosis 11, chickenpox 10, whooping cough 9, smallpox 7, diphtheria 7, trachoma 2, scarlet fever 1, pellagra 1.

California.—Influenza: 884 cases reported. Smallpox: 29 cases, of which in San Francisco 7, Tulare County 8, Los Angeles 1, Long Beach 6, Chico 5, Corcoran and Grass Valley 1 each. Typhoid fever: 9 cases, of which in San Francisco 3, Orange City 2, 1 each in Fresno County, South San Francisco, Los Angeles and Orange County. Cerebrospinal meningitis: 4 cases, of which 1 each in San Francisco, United States naval training station, Los Angeles (city) and County. Lethargic encephalitis: 1 case at Long Beach.

Connecticut.—No outbreak or undue prevalence noted. Influenza: total cases 71.

Florida.—State totals: Typhoid fever 32, malaria 18, diphtheria 10. Smallpox: Pinellas County 1. Scarlet fever: Gadsden County 1.

Georgia.—State totals: Hookworm 1, anthrax 1, cerebrospinal meningitis 1, chicken pox 37, diphtheria 5, dysentery (amebic) 1, dysentery (bacillary) 1, German measles 1, gonorrhea 42, influenza 10, malaria 14, measles 51, mumps 22, pneumonia (acute lobar) 10, poliomyelitis 1, rabies 1, scarlet fever 9, septic sore throat 1, smallpox 61, syphilis 19, tuberculosis (pulmonary) 16, tuberculosis (other than pulmonary) 1, typhoid fever 4, whooping cough 9.

Illinois.—Diphtheria: Cases reported 142, of which in Chicago 114, Maywood 5. Scarlet fever: Ninety-three cases, of which in Chicago 46, Milledgeville 10, Camp Grant 8. Smallpox: One hundred cases, of which in Amboy 16; Lee Center Township, Lee County, 16; Amboy Township, Lee County, 8; May Township, Lee County, 6; Canton 5; Champaign 4; Danville 4; Galesburg, Bloomington, East St. Louis, Pekin and Rankin 3 each. Meningitis: Chicago 1 and Elkhorn Grove Township, Carroll County, 1. Poliomyelitis: Chicago 1. Lethargic encephalitis: Chicago 2; Cortland Township, Dekalb County, 1; Cotton Hill Township, Sangamon County, 1. Gonorrhea 167 and syphilis 83. Influenza: Eighty-one cases, of which in Chicago 65. No recrudescence of influenza is noted.

Indiana.—Scarlet fever: Thirteen cases in Mishawaka. Diphtheria by counties: Posey 1, Howard 3, Allen 1, Fountain 1, Kosciusko 1, Hendricks 2. Rabies by counties: Scott 1, Clay 1, Johnson 1. Typhoid fever by counties: Lake 1, Tippecanoe 1. Syphilis 28, gonorrhea 43, chancroid 2.

Iowa.—Cerebrospinal meningitis: Des Moines, 1. Chicken pox: Dubuque 1. Diphtheria: Council Bluffs 2, Des Moines 2, Mason City 2. Gonorrhea: Davenport 7, Des Moines 6, Forest City 1, Mason City 1, Renwick 5. Measles: Bellevue 3, Mumps: North Wood 11. Scarlet fever: Baxter 1, Burlington 3, Cedar Falls 1, Cedar Rapids 2, Des Moines 7, Dubuque 4, Leland 1. Smallpox:

Albia 4, Boone 3, Cedar Falls 1, Cedar Rapids 8, Council Bluffs 2, Davenport 17, Des Moines 1, Fort Dodge 3, Mason City 1. Syphilis: Des Moines 1, Knoxville 1. In rural districts of the following counties. Diphtheria: 1 each in Buena Vista, Hancock, and Clinton. Scarlet fever: 1 each in Cerro Gordo, Clarke, Des Moines, Floyd, Howard, Mahaska, Sac, Warren, and Washington. Smallpox: Buena Vista 5, Carroll 1, Cherokee 1, Dallas 1, Marshall 1.

Kansas.—Meningitis by cities: Hope 1. State totals: Smallpox 49, typhoid fever 2, diphtheria 16, influenza 726, scarlet fever 50.

Louisiana.—State totals: Lethargic encephalitis 3, meningitis 4, influenza 30, typhoid fever 22, smallpox 62, gonorrhea 88, syphilis 57, chancroid 7.

Maine.—Chicken pox: Bath 1. Diphtheria: Portland 1, Westbrook 7. Gonorrhea: 1 each in Skowhegan, Belfast, Danforth, Farmington, Lincoln, Orono, Norway, Stockton Springs, Waterville, Bangor, Bath, and Gardiner; Camden 3, Portland 9. Mumps: Bath 2. Scarlet fever: Farmington 9, Freeport 2, Portland 8, South Portland 3, Veazie 1, York 6, Westbrook 1. Syphilis: Portland 2, Bangor 3, Bath 1, Houlton 1, Waterville 1, Skowhegan 3. Typhoid fever: Portland 1. Whooping cough: Portland 1. Tuberculosis: 26 cases. Influenza: Milo 4.

Minnesota.—Smallpox (new foci): Dodge County (Ripley Township) 1, Hennepin County (Minnetonka Township) 1, Hubbard County (White Oak Township) 2, Hubbard County (Nevis Township) 4, Kandiyohi County (Harrison Township) 2. Syphilis 36, gonorrhea 88, chancroid 3.

New Jersey.—Cases reported: Influenza 281, pneumonia 149. Unusual prevalence of smallpox in Cape May and Atlantic Counties.

New York.—(Outside of New York City). State totals: Typhoid fever 13, measles 326, scarlet fever 141, whooping cough 159, smallpox 2 of which in Buffalo 1 and Amherst 1, poliomyelitis in Herkimer village 1, pneumonia 152, syphilis 227, gonorrhea 67.

North Carolina.—Whooping cough 109, measles 314, diphtheria 18, scarlet fever 13, septic sore throat 2, smallpox 94, chicken pox 71, infantile paralysis 1, typhoid fever 8, epidemic meningitis 2, bronchopneumonia 12, lobar-pneumonia 18, dysentery (bacillary) 3. Cleveland County reports 95 new cases influenza and Gaston County 7.

Ohio.—Scarlet fever: Cincinnati 25. Typhoid fever: Wellsville 6. Lethargic encephalitis: Yellow Springs (Greene County) 1. Influenza negligible.

Oregon.—Portland reports 9 cases of influenza, Clackamas 3, Linn 1, and Tillamook 28.

Vermont.—No outbreak or unusual prevalence.

Virginia.—Infantile paralysis: Pittsylvania County 1. Lethargic encephalitis: Prince William County 1. Smallpox: Alexandria 6, Norfolk 1. Influenza: 2 cases reported.

Washington.—Unusual prevalence of contagious diseases. Measles: Bremerton 20, Charleston 9, Steilacoom 11, Tacoma 18, Seattle 28. Smallpox: Seattle 20, Ellensburg 14, Centralia 5, Tacoma 12, Spokane 11. Scarlet fever: Seattle 9, Tacoma 6, Auburn 2, Waitsburg 4, Yakima County 10.

ANTHRAX.

Norwood, Ohio, Week Ended April 5, 1919.

During the week ended April 5, 1919, one case and one death from anthrax were reported at Norwood, Ohio.

CEREBROSPINAL MENINGITIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

	Cases.
Gas and flame school zone, Ga. and Ala.	1
Camp Polk zone, N. C.	1
Camp Travis zone, Tex.	2

State Reports for February and March, 1919.

Place.	New cases reported.	Place.	New cases reported.
District of Columbia (March).....	2	New York (March)—Continued.	
Illinois (March):		Monroe County—	
Cook County—		Rochester.....	3
Chicago.....	10	Nassau County—	
St. Clair County—		Hempstead (town).....	1
Bellefonte.....	1	Onondaga County—	
East St. Louis.....	1	Syracuse.....	1
Winnebago County.....	2	Oswego County—	
Total.....	14	Mexico (town).....	1
Louisiana (March):		Otsego County—	
Lincoln Parish.....	1	Oneonta.....	1
Orleans Parish.....	1	Saratoga County—	
Pointe Coupee Parish.....	1	Corinth (town).....	1
Rapides Parish.....	1	Westchester County—	
Vermilion Parish.....	2	New Rochelle.....	1
Washington Parish.....	1	Bronxville.....	1
Total.....	7	North Castle (town).....	4
Maryland (March):		New York City.....	31
Baltimore.....	6	Total.....	46
Anne Arundel County.....	1	Washington (February):	
Baltimore County.....	1	Stevens County.....	1
Total.....	8	West Virginia (March):	
Montana (March):		Mineral County.....	1
Musselshell County.....	1	Wisconsin (March):	
New York (March):		Dodge County.....	1
Herkimer County—		Milwaukee County.....	9
Ilion.....	1	Outagamie County.....	1
		Rock County.....	1
		Waupaca County.....	1
		Total.....	13

CEREBROSPINAL MENINGITIS—Continued.

City Reports for Week Ended Apr. 5, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Albany, N. Y.	1	—	Los Angeles, Calif.	1	—
Beaumont, Tex.	—	1	Macon, Ga.	1	—
Birmingham, Ala.	—	1	Milwaukee, Wis.	1	1
Boston, Mass.	1	—	Mobile, Ala.	1	—
Chicago, Ill.	3	2	Montgomery, Ala.	1	—
Cleveland, Ohio.	1	1	Newark, N. J.	1	—
Cohoes, N. Y.	—	1	New Orleans, La.	3	2
Cumberland, Md.	1	1	New York, N. Y.	10	9
Detroit, Mich.	2	1	Oakland, Calif.	1	—
East Orange, N. J.	1	—	Paterson, N. J.	4	—
Flint, Mich.	—	1	Perth Amboy, N. J.	—	1
Kansas City, Mo.	1	1	Riverside, Calif.	—	2
Lackawanna, N. Y.	1	—	San Antonio, Tex.	2	1
Lockport, N. Y.	—	1	Tacoma, Wash.	1	—

CHANCROID.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Camp Gordon zone, Ga.	1
Camp Jackson zone, S. C.	1
Muscle Shoals sanitary district, Ala.	1
Camp Pike zone, Ark.	4
Camp Sheridan zone, Ala.	1

DIPHTHERIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Camp Gordon zone, Ga.	2
Camp A. A. Humphreys zone, Va.	1
Camp Sherman zone, Ohio.	2
Camp Travis zone, Tex.	2
Camp Upton zone, N. Y.	1

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 865.

GONORRHEA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Fayetteville sanitary district, N. C.	4
Camp Funston zone, Kans.	3
Gas and flame school zone, Ga. and Ala.	11
Camp Gordon zone, Ga.	52
Gulfport health district, Miss.	3
Camp A. A. Humphreys zone, Va.	3
Camp Jackson zone, S. C.	22
Camp Lee zone, Va.	8
Muscle Shoals sanitary district, Ala.	19
Pieric acid plant zone, Ga.	1
Camp Pike zone, Ark.	15
Camp Polk zone, N. C.	3
Camp Sheridan zone, Ala.	11
Camp Sherman zone, Ohio.	9
Tidewater health district, Va.	37
Camp Travis zone, Tex.	14
Wilmington sanitary district, N. C.	5

INFLUENZA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Camp Funston zone, Kans.	4
Camp Gordon zone, Ga.	5
Gulfport health district, Miss.	2
Camp Lewis zone, Wash.	5
Camp Merritt zone, N. J.	7
Muscle Shoals sanitary district, Ala.	9
Camp Pike zone, Ark.	3
Wilmington sanitary district, N. C.	1

LEPROSY.**District of Columbia, March, 1919.**

One case of leprosy was reported in the District of Columbia during March, 1919. The patient died from smallpox March 22.

LETHARGIC ENCEPHALITIS.**Cases Reported for Week Ended Apr. 19, 1919.**

California:	Cases.	Louisiana:	Cases.
Long Beach.....	1	State at large.....	3
Illinois:		Ohio:	
Chicago.....	2	Green County (Yellow Springs).....	1
DeKalb County (Cortland Township).....	1	Virginia:	
Sangamon County (Cotton Hill Township).....	1	Prince William County.....	1

State Reports for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Illinois:		Illinois—Continued.	
Adams County—		La Salle County—	
Quincy.....	1	Marseilles.....	1
Alexander County—		Logan County—	
Cairo.....	1	Middletown.....	3
Brown County—		Macoupin County—	
Versailles.....	1	Dorchester township.....	1
Clark County—		Madison County—	
Martinsville.....	1	Alton.....	2
Clinton County—		Menard County—	
Breese.....	1	Tallula.....	1
Cook County—		Perry County—	
Chicago.....	45	Duquoin.....	1
Evanston.....	3	Richland County—	
Glencoe.....	1	Olney.....	1
Harvey.....	1	Rock Island County—	
Wilmette.....	2	Bowling township.....	1
Edgar County—		Sangamon County—	
Kansas.....	1	Springfield.....	1
Ford County—		Total.....	73
Paxton.....	1	Louisiana.....	17
Lake County—			
North Chicago.....	2		

MALARIA.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.**

Cases.	Cases.
Gas and flame school zone, Ga. and Ala.....	1
Camp Pike zone, Ark.....	3
Gulfport health district, Miss.....	19
Camp Travis zone, Tex.....	1

State Reports for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Louisiana:		Maryland:	
Bienville Parish.....	2	Charles County—	
Caddo Parish.....	1	Pomfret.....	1
De Soto Parish.....	3	Malcolm, R. D.....	1
East Feliciana Parish.....	2	Somerset County—	
Grant Parish.....	7	Kingston.....	1
Orleans Parish.....	3	Total.....	3
Rapides Parish.....	5		
St. Landry Parish.....	1		
St. Martin Parish.....	1		
Vermillion Parish.....	1		
Washington Parish.....	5		
Total.....	31		

MALARIA—Continued.

City Reports for Week Ended Apr. 5, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.	2	.....	Little Rock, Ark.	3	.....
Baton Rouge, La.	1	.....	New Orleans, La.	1	1
High Point, N. C.	1	.....	Palestine, Tex.	4	.....
Joplin, Mo.	1	.....	Tuscaloosa, Ala.	2	.....

MEASLES.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

	Cases.		Cases.
Fayetteville sanitary district, N. C.	8	Portsmouth and Norfolk County health district, Va.	5
Gas and flame school zone, Ga. and Ala.	15	Camp Sheridan zone, Ala.	2
Camp Gordon zone, Ga.	6	Camp Sherman zone, Ohio.	1
Gulfport health district, Miss.	2	Tidewater health district, Va.	1
Camp A. A. Humphreys zone, Va.	1	Camp Travis zone, Tex.	1
Camp Jackson zone, S. C.	1	Camp Upton zone, N. Y.	1
Camp Lewis zone, Wash.	11	Wilmington sanitary district, N. C.	1
Camp Merritt zone, N. J.	4		
Picric acid plant zone, Ga.	3		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 865.

PELLAGRA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

	Cases.
Gas and flame school zone, Ga. and Ala.	17
Gulfport health district, Miss.	4

Louisiana Report for March, 1919.

Place.	New cases reported.	Place.	New cases reported.
Louisiana:		Louisiana—Continued.	
Grant Parish.	1	Richland Parish.	1
Jackson Parish.	1	Tensas Parish.	1
Madison Parish.	1	Total.	7
Orleans Parish.	2		

City Reports for Week Ended Apr. 5, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.	1	Galveston, Tex. ....	.....	1
Charleston, S. C.	1	Haverhill, Mass. ....	.....	1
Chicago, Ill.	1	Nashville, Tenn. ....	.....	1
Dallas, Tex.	1	San Antonio, Tex.	1	1
Fort Worth, Tex.	1	1	Winston-Salem, N. C.	1	1

PNEUMONIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

	Cases.		Cases.
Camp Funston zone, Kans.	2	Muscle Shoals sanitary district, Ala.	4
Gas and flame school zone, Ga. and Ala.	5	Camp Pike zone, Ark.	2
Camp Gordon zone, Ga.	2	Tidewater health district, Va.	2
Gulfport health district, Miss.	8	Camp Travis zone, Tex.	1
Camp Merritt zone, N. J.	3	Camp Upton zone, N. Y.	2

City Reports for Week Ended Apr. 5, 1919.

Place.	Lobar.		All forms.		Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.
Akron, Ohio.	11	3	15	...	Little Rock, Ark.	4	1	...	...
Albany, N. Y.	3	...	...	...	Lockport, N. Y.	1	...	...	...
Ann Arbor, Mich.	5	4	...	...	Long Beach, Calif.	1	1	...	...
Asbury Park, N. J.	1	...	...	...	Los Angeles, Calif.	17	1	17	6
Atlanta, Ga.	...	...	8	6	Louisville, Ky.	2	10	...	...
Atlantic City, N. J.	1	1	...	...	Ludington, Mich.	1	...	...	...
Baltimore, Md.	13	13	...	...	Lynn, Mass.	3	1	...	...
Baton Rouge, La.	...	...	2	1	Manchester, N. H.	1	1	...	...
Bayonne, N. J.	1	...	...	...	Marion, Ohio.	4	...	...	...
Beverly, Mass.	1	...	...	...	Marquette, Mich.	3	1	...	...
Binghamton, N. Y.	1	1	...	...	Methuen, Mass.	1	...	...	...
Bloomfield, N. J.	1	...	...	...	Montclair, N. J.	3	2	...	...
Boston, Mass.	49	13	...	...	Morgantown, W. Va.	3	1	...	...
Brockton, Mass.	1	1	...	...	Newark, N. J.	53	9	...	...
Brookline, Mass.	2	1	...	...	New Bedford, Mass.	1	...	...	...
Brunswick, Ga.	2	1	...	...	Newburyport, Mass.	1	...	...	...
Cambridge, Mass.	1	1	...	...	Newport, Ky.	1	1	...	...
Camden, N. J.	8	...	...	...	New York, N. Y.	1	201	269	369
Cape Girardeau, Mo.	6	...	...	...	Norfolk, Va.	1	...	...	...
Chicago, Ill.	...	...	297	112	Northampton, Mass.	2	2	...	...
Cleveland, Ohio.	45	37	...	...	Oak Park, Ill.	3	5	...	...
Cumberland, Md.	1	1	...	...	Ossining, N. Y.	4	1	...	...
Dayton, Ohio.	9	9	...	...	Palestine, Tex.	1	...	...	...
Dedham, Mass.	1	...	...	...	Passaic, N. J.	3	3	...	...
Detroit, Mich.	12	19	18	38	Paterson, N. J.	28	19	...	...
East Orange, N. J.	...	...	5	...	Peoria, Ill.	4	8	...	...
Elizabeth, N. J.	6	7	...	...	Perth Amboy, N. J.	1	3	...	...
Elmira, N. Y.	1	2	...	...	Piqua, Ohio.	1	...	...	...
El Paso, Tex.	3	2	...	...	Pomona, Calif.	1	...	...	...
Englewood, N. J.	1	...	...	...	Port Chester, N. Y.	5	...	...	...
Fall River, Mass.	4	...	...	...	Poughkeepsie, N. Y.	4	2	...	...
Framingham, Mass.	1	...	...	...	Quincy, Mass.	1	...	...	...
Grand Rapids, Mich.	7	4	...	...	Reno, Nev.	4	...	...	...
Green Bay, Wis.	4	4	...	...	Rochester, N. Y.	6	5	...	...
Greenfield, Mass.	1	1	...	...	Saginaw, Mich.	4	2	...	...
Hackensack, N. J.	2	...	...	...	St. Joseph, Mo.	1	...	...	...
Hartford, Conn.	3	6	...	...	St. Paul, Minn.	1	7	...	...
Haverhill, Mass.	6	1	...	...	San Antonio, Tex.	2	...	...	...
Highland Park, Mich.	2	2	...	...	San Diego, Calif.	1	1	...	...
High Point, N. C.	1	...	...	...	San Francisco, Calif.	20	15	...	...
Holyoke, Mass.	4	...	...	...	Somerville, Mass.	2	3	...	...
Independence, Mo.	...	...	5	3	Springfield, Mass.	7	4	...	...
Jamestown, N. Y.	9	1	...	...	Toledo, Ohio.	1	10	...	...
Jersey City, N. J.	...	...	4	...	Trenton, N. J.	4	...	...	...
Kalamazoo, Mich.	9	2	...	...	Watertown, Mass.	1	...	...	...
Kansas City, Kans.	5	...	...	...	Westfield, Mass.	1	1	...	...
Kansas City, Mo.	...	...	19	22	West Hoboken, N. J.	1	1	...	...
Lackawanna, N. Y.	4	...	...	...	Winston-Salem, N. C.	4	2	...	...
Lawrence, Kans.	1	1	...	...	Worcester, Mass.	5	3	...	...
Leominster, Mass.	1	...	...	...		

POLIOMYELITIS (INFANTILE PARALYSIS).**State Reports for February and March, 1919.**

Place.	New cases reported.	Place.	New cases reported.
Illinois (March):		New York—Continued.	
Bureau County—		Greene County—	
Dalzell.....	1	New Baltimore (town).....	1
Cook County—		Suffolk County—	
Chicago.....	5	Babylon.....	1
Saline County—		New York City.....	1
Eldorado.....	1	Total.....	4
Sangamon County—			
Springfield.....	1	Washington (February):	
Total.....	8	Lewis County.....	1
Maryland (March):		Pierce County—	
Baltimore County—		Tacoma.....	1
White Hall.....	1	Total.....	2
New York (March):		West Virginia (March):	
Erie County—		Kanawha County.....	1
Buffalo.....	1	Wisconsin (March):	
		Milwaukee.....	1

City Reports for Week Ended Apr. 5, 1919.

During the week ended April 5, 1919, one case of poliomyelitis was reported at Boston, Mass., and one at Milwaukee, Wis.

RABIES IN ANIMALS.**City Reports for Week Ended Apr. 5, 1919.**

Cases of rabies in animals were reported during the week ended April 5, 1919, as follows: Kansas City, Mo., 2; Rochester, N. Y., 1; San Antonio, Tex., 4.

SCARLET FEVER.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.**

Cases.	Cases.
Camp Gordon zone, Ga.....	8
Muscle Shoals sanitary district, Ala.....	1
Camp Pike zone, Ark.....	6
Portsmouth and Norfolk County health district, Va.....	2
Camp Sheridan zone, Ala.....	5
Camp Sherman zone, Ohio.....	3
Tidewater health district, Va.....	1
Wilmington sanitary district, N. C.....	2

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 865.

SMALLPOX.**Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.**

Cases.	Cases.
Charleston sanitary district, S. C.....	1
Camp Funston zone, Kans.....	1
Gas and flame school zone, Ga. and Ala.....	5
Camp Gordon zone, Ga.....	32
Gulfport health district, Miss.....	2
Camp A. A. Humphreys zone, Va.....	3
Camp Jackson zone, S. C.....	4
Camp Pike zone, Ark.....	1
Camp Polk zone, N. C.....	4
Portsmouth and Norfolk County health district, Va.....	4
Tidewater health district, Va.....	2

SMALLPOX—Continued.

State Reports for March, 1919—Vaccination Histories.

Place.	Newcases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
District of Columbia.....	18	1			18	
Maryland:						
Baltimore.....	9				9	
Anne Arundel County—						
Fair Haven.....	2				2	
Traceys Landing.....	3				3	
Nutwell.....	5				5	
Dorchester County—						
Cambridge.....	8				8	
Oak Grove.....	1				1	
Bryantown.....	1				1	
Hawk Eye.....	1				1	
Thompson Station, R. D.....	1				1	
Oak Grove, R. D.....	1				1	
Frederick County—						
Tuscarora.....	1				1	
Prince George County—						
Browns Station.....	1				1	
Washington County—						
Hagerstown.....	19				19	
Total.....	53				53	
Montana:						
Beaverhead County.....	4		1			3
Cascade County.....	7				7	
Great Falls.....	1			1		
Chouteau County.....	5					5
Custer County.....	9		1	1	2	5
Dawson County.....	1					1
Deer Lodge County—						
Anaconda.....	2					2
Fergus County.....	7				7	
Flathead County—						
Kalispell.....	2					2
Granite County.....	2			2		
Hill County—						
Havre.....	5			2		3
Lewis and Clark County—						
Helena.....	1					1
Musselshell County.....	5					5
Ravalli County.....	2					
Rosebud County.....	5			5		
Sheridan County.....	5				5	
Stillwater County.....	1					1
Wheatland County.....	17				17	
Yellowstone County—						
Billings.....	1					1
Total.....	82		2	12	38	30
New York:						
Albany County—						
Albany.....	1					1
Cattaraugus County—						
Olean.....	1				1	
Genesee County—						
Batavia.....	2					2
Monroe County—						
Rochester.....	4				3	1
Saratoga County—						
Mechanicsville.....	1					1
New York City.....	3					3
Total.....	12				4	8
Wisconsin:						
Ashland County.....	20		4			16
Barron County.....	13		3	2	8	
Bayfield County.....	9				9	
Brown County.....	5				1	4
Chippewa County.....	2					2
Clark County.....	9				3	6

SMALLPOX—Continued.

State Reports for March, 1919—Vaccination Histories—Continued.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Wisconsin—Continued.						
Columbia County.....	1					1
Dane County.....	15		14			1
Dodge County.....	12				11	1
Douglas County.....	23		8	3	14	
Fau Claire County.....	10					10
Fond du Lac County.....	7				5	2
Green County.....	1				1	
Green Lake County.....	11		1		4	6
Iron County.....	1			1		
Jefferson County.....	1		1			
Lafayette County.....	1		1			
Marathon County.....	3				3	
Marquette County.....	9		2		7	
Milwaukee County.....	32				2	30
Oneida County.....	4		1		3	
Outagamie County.....	7			1	3	3
Portage County.....	9				9	
Racine County.....	26		25			1
Rock County.....	8			1	5	2
Rusk County.....	4				1	3
St. Croix County.....	1					1
Shawano County.....	1				1	
Vilas County.....	3			1	2	
Washburn County.....	13				13	
Washington County.....	5			1	4	
Waupaca County.....	4					4
Winnebago County.....	85				30	55
Wood County.....	8				7	1
Total.....	365		60	10	146	149

State Reports for February and March, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Illinois (March):					
Alexander County—			Dupage County—		
Tamms.....	1		Naperville Township.....	1	
Brown County—			Fulton County—		
Mt. Sterling.....	2		Canton.....	8	
Mt. Sterling Township.....	1		Canton Township.....	3	
Missouri Township.....	1		Hancock County—		
Bureau County—			Wilcox Township.....	1	
Lamelle.....	1		Kane County—		
Wyanet.....	1		Aurora.....	19	
Champaign County—			Elgin.....	5	
Sidney.....	1		Elgin Township.....	3	
Sidney Township.....	1		Hampshire.....	4	
Urbana.....	2		Plato Township.....	1	
Christian County—			Knox County—		
Owaneco.....	4		Galesburg.....	3	
Pana.....	1		La Salle County—		
Stonington.....	1		Earlville.....	1	
Cook County—			Seneca.....	1	
Arlington Heights.....	1		Lee County—		
Chicago.....	24		Aetna Township.....	1	
La Grange.....	1		Macon County—		
Oak Park.....	2		Decatur.....	1	
Schaumburg Town- ship.....	2		Macoupin County—		
Wheeling.....	6		Carlinville Township.....	1	
Dekalb County—			Palmyra.....	2	
Malta.....	1		Madison County—		
Squaw Grove Town- ship.....	1		Alton.....	10	
Dewitt County—			East Alton.....	4	
Tunbridge Township.....	1		Marion County—		
			Salem.....	7	
			Stevenson Township.....	2	

SMALLPOX—Continued.

State Reports for February and March, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Illinois (March)—Continued.			Louisiana (March)—Contd.		
Marshall County—			Avoyelles Parish.....	1	
Wenona.....	1		Beauregard Parish.....	13	
Mason County—			Bienville Parish.....	1	
Havana.....	7		Caddo Parish.....	13	
McLean County—			Calcasieu Parish.....	25	
Bloomington.....	9		De Soto Parish.....	1	
Normal Township.....	4		Evangelino Parish.....	3	
Menard County—			Jeff Davis Parish.....	19	
Athens.....	1		Lafayette Parish.....	22	
Sandridge Precinct.....	4		Lafourche Parish.....	2	
Mercer County—			Madison Parish.....	1	
Mather, Ill.....	3		Natchitoches Parish.....	2	
Montgomery County—			Orleans Parish.....	19	
Audubon Township.....	6		Rapides Parish.....	6	
Nokomis.....	14		Richland Parish.....	1	
Morgan County—			Sabine Parish.....	1	
Jackson, Ill.....	6		St. Landry Parish.....	20	
Peoria County—			St. Martin Parish.....	17	
Averyville.....	6		Tensas Parish.....	1	
Glasford.....	6		Union Parish.....	4	
Hollis Township.....	1		Vermilion Parish.....	17	
Kineston Mines.....	10		Vernon Parish.....	4	
Peoria.....	31		West Carroll Parish.....	2	
Perry County—			Winn Parish.....	3	
Tamaroa.....	1				
Pulaski County—			Total.....	218	
Mound City.....	7				
Rock Island County—			Washington (February):		
Rock Island.....	1		Asotin County—		
Saline County—			Clarkston.....	1	
Florida.....	1		Chelan County.....	2	
Sangamon County—			Clarke County—		
Springfield.....	5		Camas.....	1	
St. Clair County—			Franklin County—		
Caseyville Township.....	1		Pasco.....	1	
East St. Louis.....	6		Grays Harbor County—		
Lebanon.....	1		Aberdeen.....	2	
O'Fallon Township.....	2		Hogium.....	1	
Stephenson County—			King County—		
Da. is.....	1		Kirkland.....	5	
Freeport.....	2		Renton.....	1	
Tazewell County—			Seattle.....	43	
East Peoria.....	1		Kittitas County.....	1	
Hope Dale.....	2		Lewis County.....	6	
Pekin.....	40		Centralia.....	1	
Tremont Township.....	6		Mason County.....	1	
Washington.....	1		Okanogan County.....	5	
Union County—			Pateros.....	1	
Alto Pass Precinct.....	7		Pacific County—		
Union Precinct.....	46		Ihwa.....	1	
Vermilion County—			Pend Oreille County—		
Danville.....	1		Newport.....	3	
Fairmount.....	5		Pierce County.....	22	
Vance Township.....	1		Puyallup.....	13	
Warren County—			Tacoma.....	30	
Monmouth.....	1		Spokane County—		
White County—			Rockford.....	1	
Carmi.....	1		Spokane.....	9	
Mill Shoals.....	7		Thurston County.....	2	
Whiteside County—			Olympia.....	6	
Hahnman Township.....	1		Walla Walla County.....	1	
Sterling.....	1		Whatcom County—		
Will County—			Bellingham.....	1	
Joliet.....	1		Yakima County.....	21	
Winnebago County—			Yakima.....	55	
Rockford.....	3				
Woodford County—			Total.....	210	
El Paso.....	1				
Montgomery Town- ship.....	3		West Virginia (March):		
Worth Township.....	1		Barbour County.....	1	
Total.....	401		Bracon County.....	6	
			Brooke County.....	3	
Louisiana (March):			Doddridge County.....	3	
Acadia Parish.....	7		Fayette County.....	2	
Allen Parish.....	8		Greenbrier County.....	22	
Assumption Parish.....	5		Harrison County.....	4	
			Jackson County.....	1	
			Jefferson County.....	1	

SMALLPOX—Continued.

State Reports for February and March, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
West Virginia (March)—Con.			West Virginia (March)—Con.		
Kanawha County.....	15	.....	Raleigh County.....	35	.....
Lincoln County.....	1	.....	Randolph County.....	5	.....
Logan County.....	5	.....	Roane County.....	3	.....
McDowell County.....	3	.....	Summers County.....	2	.....
Marion County.....	8	.....	Wayne County.....	1	.....
Mercer County.....	30	.....	Wood County.....	1	.....
Monongalia County.....	15	.....	Wyoming County.....	20	.....
Ohio County.....	1	.....	Total.....	192	.....
Pulnam County.....	2	.....		

City Reports for Week Ended Apr. 5, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atchison, Kans.....	11	.....	Louisville, Ky.....	1	.....
Atlanta, Ga.....	48	.....	Macon, Ga.....	2	.....
Beatrice, Nebr.....	2	.....	Madison, Wis.....	3	.....
Austin, Tex.....	1	1	Marinette, Wis.....	2	.....
Bedford, Ind.....	1	.....	Marshalltown, Iowa.....	6	.....
Beloit, Wis.....	1	.....	Milwaukee, Wis.....	3	.....
Billings, Mont.....	1	.....	Minneapolis, Minn.....	11	.....
Birmingham, Ala.....	2	.....	Mobile, Ala.....	3	.....
Boston, Mass.....	1	.....	Moline, Ill.....	3	.....
Cedar Rapids, Iowa.....	1	.....	Muscatine, Iowa.....	1	.....
Chanute, Kans.....	26	.....	Muskogee, Okla.....	1	.....
Charlotte, N. C.....	2	.....	Nashville, Tenn.....	1	.....
Chicago, Ill.....	4	.....	New Orleans, La.....	10	.....
Cincinnati, Ohio.....	2	.....	New York, N. Y.....	1	.....
Clarksburg, W. Va.....	1	.....	Ogden, Utah.....	4	.....
Cleveland, Ohio.....	1	.....	Omaha, Nebr.....	32	.....
Columbus, Ohio.....	2	.....	Oshkosh, Wis.....	12	.....
Council Bluffs, Iowa.....	3	.....	Palestine, Tex.....	4	.....
Dallas, Tex.....	4	.....	Paris, Tex.....	6	.....
Davenport, Iowa.....	8	.....	Parkersburg, W. Va.....	1	.....
Dayton, Ohio.....	2	.....	Pekin, Ill.....	8	.....
Denver, Colo.....	7	.....	Peoria, Ill.....	6	.....
Des Moines, Iowa.....	1	.....	Pine Bluff, Ark.....	1	.....
Detroit, Mich.....	2	.....	Pittsburgh, Pa.....	4	.....
Duluth, Minn.....	2	.....	Portland, Oreg.....	25	.....
Durham, N. C.....	2	.....	Pueblo, Colo.....	1	.....
East Cleveland, Ohio.....	1	.....	Quincy, Ill.....	3	.....
Eau Claire, Wis.....	1	.....	Racine, Wis.....	8	.....
Everett, Wash.....	1	.....	Raleigh, N. C.....	2	.....
Flint, Mich.....	1	.....	Roanoke, Va.....	1	.....
Fort Dodge, Iowa.....	2	.....	Rochester, N. Y.....	1	.....
Fort Wayne, Ind.....	4	.....	Sacramento, Calif.....	3	.....
Fort Worth, Tex.....	5	.....	St. Joseph, Mo.....	13	.....
Galveston, Tex.....	1	.....	St. Louis, Mo.....	1	.....
Great Falls, Mont.....	1	.....	St. Paul, Minn.....	19	.....
Green Bay, Wis.....	4	.....	Salt Lake City, Utah.....	7	.....
Greenville, S. C.....	1	.....	San Antonio, Tex.....	2	.....
Hoquiam, Wash.....	9	.....	San Francisco, Calif.....	3	.....
Houston, Tex.....	1	.....	Seattle, Wash.....	30	.....
Independence, Mo.....	4	.....	Sioux City, Iowa.....	6	.....
Indianapolis, Ind.....	4	.....	South Bend, Ind.....	2	.....
Joplin, Mo.....	8	.....	Springfield, Ill.....	1	.....
Kalamazoo, Mich.....	6	.....	Superior, Wis.....	3	.....
Kansas City, Kans.....	1	.....	Tacoma, Wash.....	14	.....
Kansas City, Mo.....	18	.....	Topeka, Kans.....	1	.....
Knoxville, Tenn.....	5	.....	Vancouver, Wash.....	1	.....
Kokomo, Ind.....	1	.....	Washington, D. C.....	5	.....
La Fayette, Ind.....	7	.....	Wichita, Kans.....	5	.....
Lexington, Ky.....	1	.....	Winston-Salem, N. C.....	21	.....
Lincoln, Nebr.....	16	.....	Yakima, Wash.....	12	.....
Long Beach, Calif.....	2	.....	Youngstown, Ohio.....	5	.....
Los Angeles, Calif.....	1	.....	Zanesville, Ohio.....	2	.....

SYPHILIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Gas and flame school zone, Ga. and Ala..... 12	Camp Pike zone, Ark..... 10
Camp Gordon zone, Ga..... 40	Camp Polk zone, N. C..... 3
Camp A. A. Humphreys zone, Va..... 1	Camp Sheridan zone, Ala..... 17
Camp Jackson zone, S. C..... 28	Camp Sherman zone, Ohio..... 4
Camp Lee zone, Va..... 8	Tidewater health district, Va..... 3
Camp Merritt zone, N. J..... 1	Camp Travis zone, Tex..... 4
Muscle Shoals sanitary district, Ala..... 8	Wilmington sanitary district, N. C..... 3
Pieric acid plant zone, Ga..... 1	

TETANUS.

City Reports for Week Ended April 5, 1919.

During the week ended April 5, 1919, one death from tetanus was reported at Birmingham, Ala., one case at New York, N. Y., and one death at St. Louis, Mo.

TUBERCULOSIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Gas and flame school zone, Ga. and Ala..... 1	Portsmouth and Norfolk County health district, Va..... 3
Camp Gordon zone, Ga..... 15	Camp Sherman zone, Ohio..... 1
Camp A. A. Humphreys zone, Va..... 1	Tidewater health district, Va..... 3
Camp Lewis zone, Wash..... 1	Camp Upton zone, N. Y..... 2
Camp Merritt zone, N. J..... 1	Wilmington sanitary district, N. C..... 2
Camp Pike zone, Ark..... 7	
Camp Polk zone, N. C..... 1	

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 865.

TYPHOID FEVER.

Cases Reported in Extra-Cantonment Zones, Week Ended Apr. 19, 1919.

Cases.	Cases.
Camp A. A. Humphreys zone, Va..... 2	Tidewater health district, Va..... 6
Camp Polk zone, N. C..... 1	Camp Upton zone, N. Y..... 1

State Reports for February and March, 1919.

Places.	New cases reported.	Place.	New cases reported.
Illinois (March):		Illinois (March)—Continued.	
Cook County—		State institutions—	
Chicago.....	11	Jacksonville School for Deaf (Morgan County).....	5
Effingham County—		Total.....	40
Beecher City.....	1		
Lake County—		Louisiana (March):	
Lake Forest.....	4	Allen Parish.....	4
North Chicago.....	4	Ascension Parish.....	8
Macon County—		Beauregard Parish.....	1
Decatur.....	2	Caddo Parish.....	1
Madison County—		Calcasieu Parish.....	1
Granite City.....	2	Caldwell Parish.....	2
McDonough County—		East Baton Rouge Parish.....	2
Macomb.....	1	East Feliciana Parish.....	1
Montgomery County—		Evangeline Parish.....	1
Wagoner.....	1	Grant Parish.....	2
Morgan County—		LaFourche Parish.....	1
Jacksonville.....	3	LaSalle Parish.....	3
Randolph County—		Morehouse Parish.....	1
Sparta.....	4	Natchitoches Parish.....	1
Rock Island County—		Orleans Parish.....	3
East Moline.....	1	Pointe Coupee Parish.....	17
Tazewell County—			
Mackinaw.....	1		

TYPHOID FEVER—Continued.

State Reports for February and March, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Louisiana (March)—Continued:		New York (March)—Continued:	
St. Martin Parish.....	1	Essex County.....	
Union Parish.....	1	Port Henry.....	1
Webster Parish.....	1	Ticonderoga (town).....	1
West Baton Rouge Parish.....	2	Greene County.....	
Total.....	54	Catskill.....	1
Maryland (March):		Herkimer County.....	
Baltimore.....	11	Ilion.....	1
Allegany County.....		Jefferson County.....	
Allegany Hospital.....	2	Watertown.....	1
Anne Arundel County.....		Oneida County.....	
Annapolis.....	1	Westmoreland (town).....	1
Baltimore County.....		Onondaga County.....	
Eccleston.....	1	Syracuse.....	7
Towson.....	1	Orleans County.....	
Rossville.....	2	Albion.....	1
Calvert County.....		Oswego County.....	
Solomons.....	1	Oswego.....	2
Carroll County.....		Otsego County.....	
Westminster.....	1	Oneonta.....	1
Charles County.....		Oneonta (town).....	1
Waldorf, R. D.....	1	Putnam County.....	
Dorchester County.....		Phillipstown (town).....	1
Relds Grove.....	1	St. Lawrence County.....	
Hurlock.....	1	Canton (town).....	1
Frederick County.....		Gouverneur.....	3
Hoods College.....	1	Potsdam.....	1
Walkersville.....	1	Saratoga County.....	
Rocky Ridge.....	1	Mechanicsville.....	3
Howard County.....		South Glens Falls.....	2
Laurel, R. D.....	1	Stillwater (town).....	1
Montgomery County.....		Schoharie County.....	
Lewisdale, R. D.....	1	Schoharie (town).....	1
Queen Annes County.....		Suffolk County.....	
Chester.....	1	Babylon.....	1
Chester, R. D.....	1	Huntington (town).....	1
St. Marys County.....		Sullivan County.....	
Oraville, R. D.....	1	Rockland (town).....	1
California.....	1	Tompkins County.....	
Somerset County.....		Ithaca.....	1
Bedsworth.....	2	Dryden (town).....	1
Washington County.....		Ulster County.....	
Hagerstown, R. D.....	1	Kineston.....	1
Wicomico County.....		Ellenville.....	1
Salisbury.....	2	Westchester County.....	
Total.....	37	White Plains.....	1
Montana (March):		Wyoming County.....	
Cascade County.....		Castile (town).....	1
Great Falls.....	3	Silver Springs.....	1
Flathead County.....	1	New York City.....	17
Hill County.....	3	Total.....	73
Rosebud County.....	1	Washington (February):	
Total.....	8	Cowlitz County.....	
New York (March):		Kalama.....	1
Albany County.....		Ferry County.....	
Albany.....	1	Republic.....	1
Cattaraugus County.....		King County.....	12
Olean.....	1	Seattle.....	1
Chautauqua County.....		Pierce County.....	
Jamestown.....	1	Tacoma.....	1
Chemung County.....		Skagit County.....	
Southport (town).....	1	Mount Vernon.....	2
Clinton County.....		Walla Walla County.....	
Beekmantown (town).....	1	Walla Walla.....	1
Rouses Point.....	2	Total.....	19
Cortland County.....		West Virginia (March):	
Cortland.....	2	Berkeley County.....	3
Erie County.....		Braxton County.....	2
Buffalo.....	5	Greenbrier County.....	1
Tonawanda.....	1	Harrison County.....	1
		Kanawha County.....	4
		Lewis County.....	1

TYPHOID FEVER—Continued.

State Reports for February and March, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
West Virginia (March)—Continued.		Wisconsin (March)—Continued.	
Logan County.....	5	Green Lake County.....	1
Monroe County.....	2	Kenosha County.....	1
Ohio County.....	1	La Crosse County.....	1
Putnam County.....	4	Marathon County.....	5
Taylor County.....	2	Milwaukee County.....	3
		Oneida County.....	2
Total.....	26	Rusk County.....	1
Wisconsin (March):		Waupaca County.....	1
Bayfield County.....	2	Total.....	17

City Reports for Week Ended Apr. 5, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Allentown, Pa.....	1		Montclair, N. J.....	1	
Baltimore, Md.....	1	1	Newark, N. J.....	1	1
Birmingham, Ala.....	1	1	New Bedford, Mass.....	1	
Boston, Mass.....	2		New York, N. Y.....	1	1
Brookline, Mass.....	1		Oakland, Calif.....	2	
Charlotte, N. C.....		1	Omaha, Nebr.....		1
Chicago, Ill.....	6	1	Pittsburgh, Pa.....	1	
Cleveland, Ohio.....	1	1	Pontiac, Mich.....	1	
Columbia, S. C.....	1		Portland, Me.....		1
Concord, N. H.....	1		Portland, Oreg.....	2	
Covington, Ky.....	2		Quincy, Ill.....	1	
Dayton, Ohio.....	1		Roanoke, Va.....	1	
Decatur, Ill.....	2	1	Rochester, N. Y.....	1	5
Detroit, Mich.....	3		Saginaw, Mich.....	1	
Flint, Mich.....	2		San Antonio, Tex.....	1	
Grand Rapids, Mich.....	2	1	San Francisco, Calif.....	2	
Homestead, Pa.....	1		Sharon, Pa.....	1	
Independence, Mo.....	4	2	Somerville, Mass.....	2	
Indianapolis, Ind.....		1	Topeka, Kans.....		1
Ironton, Ohio.....	3		Utica, N. Y.....	1	
Jamestown, N. Y.....	1		Washington, D. C.....	2	
Jersey City, N. J.....	1		Watertown, Mass.....	1	
Little Rock, Ark.....	1		West Orange, N. J.....	1	
Louisville, Ky.....		1	Wheeling, W. Va.....		1
Lynn, Mass.....	1		Wilkes-Barre, Pa.....	1	
Mankato, Minn.....	1		Wilmington, Del.....	1	
Milwaukee, Wis.....		1	Winona, Minn.....	1	
			York, Pa.....	3	

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for February and March, 1919.

State.	Cases reported.			State.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
District of Columbia (March).....	167	18	97	Montana (March).....	18	108	286
Illinois (March).....	688	1,808	512	New York (March).....	2,427	1,445	1,556
Louisiana (March).....	30	25	14	Washington (February).....	85	144	217
Maryland (March).....	189	519	919	West Virginia (March).....	53	271	87
				Wisconsin (March).....	135	712	497

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Apr. 5, 1919.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Adams, Mass.	14,406	6								1
Akron, Ohio	93,604	77	2		45		5		7	
Alameda, Cal.	28,433	5							3	
Albany, N. Y.	106,632		1		45				14	
Allentown, Pa.	65,109		1		21		2		1	
Alton, Ill.	25,783	6								1
Altoona, Pa.	59,712		2		1		4			
Anderson, Ind.	24,230	8								
Ann Arbor, Mich.	15,041	22	3						2	
Anniston, Ala.	14,326				1					
Ansonia, Conn.	16,954	4								
Appleton, Wis.	18,005	5								
Arlington, Mass.	13,073	5								1
Asbury Park, N. J.	14,629	2	2		3					
Ashtabula, Ohio	22,008	3								
Atchison, Kans.	16,785		2				2			
Atlanta, Ga.	196,144	68	1		9		8	1	2	10
Atlantic City, N. J.	59,515	14			1		2		5	
Attleboro, Mass.	19,776	4	1				1			
Auburn, N. Y.	37,823	13	2				1			
Austin, Tex.	35,612	6					2			
Baltimore, Md.	594,637	211	39	5	25	1	212	2	40	22
Bangor, Me.	26,958						1			
Barre, Vt.	12,401	2								
Baton Rouge, La.	17,544	4	1		1				2	
Battle Creek, Mich.	30,159		3		28		2			
Bayonne, N. J.	72,204		7		4		5		9	
Beacon, N. Y.	11,674	4								1
Beatrice, Nebr.	10,437	6								
Beaumont, Tex.	28,851	6								2
Beaver Falls, Pa.	13,749		2							
Bedford, Ind.	10,613	2								1
Belleville, N. J.	12,797						2			
Beloit, Wis.	18,547	2	2						1	
Benton Harbor, Mich.	11,090	3								
Berkeley, Cal.	60,427	8	3				1			
Berlin, N. H.	13,892	4								
Bothlehem, Pa.	14,353		2		1				2	
Beverly, Mass.	22,128	7		1					1	
Biddeford, Me.	17,760	6								1
Billings, Mont.	15,123						4			
Binghamton, N. Y.	54,864	21	1				1			1
Birmingham, Ala.	189,716	61	2		14				8	9
Bloomfield, N. J.	19,013						2			
Bloomington, Ind.	11,661	1	1		2				1	
Boise, Idaho	35,951	1					2			
Boston, Mass.	767,813	240	43	2	4		57		59	17
Brad dock, Pa.	22,060						1			
Bradford, Pa.	14,544						3		1	
Brazil, Ind.	10,472	5			2					1
Bridgeport, Conn.	124,724	42	3		4				2	1
Bristol, Conn.	16,318	5						1		
Brookton, Mass.	69,152	9	2				4		3	2
Brookline, Mass.	33,526	9			5		2			1
Brunswick, Ga.	10,984	6			2					
Buffalo, N. Y.	475,781	163	19	5	35	3	16	1	22	16
Burlington, Iowa	25,144	12								1
Burlington, Vt.	21,802	10			22					1
Butler, Pa.	28,677		1							
Butte, Mont.	44,057						3			
Cadillac, Mich.	10,158	6								
Caio, Ill.	15,995	3			2					
Cambridge, Mass.	114,293	32	3		13		2		7	8
Camden, N. J.	108,117		2				3		8	
Canton, Ohio	62,566	17			10		2		3	1
Cape Girardeau, Mo.	11,146	1	1				1			
Carbondale, Pa.	19,597		3				1			
Chambersburg, Pa.	12,475						1			
Chanute, Kans.	12,968	2								
Charleston, S. C.	61,041	29								3
Charleston, W. Va.	31,060	6	1		4	1				
Charlotte, N. C.	40,759	19			15				1	1
Chelsea, Mass.	48,405	17		1			1			2
Chicago, Ill.	2,547,201	790	113	13	590	5	60	3	387	76

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Apr. 5, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Chicopee, Mass.	29,950	5								
Chillicothe, Ohio.	15,625	3					1			
Cincinnati, Ohio.	414,248	147	14	1	16		13	1	12	20
Clarksburg, W. Va.	12,960		1							
Cleveland, Ohio.	692,259	218	28	2	21	2	7		18	27
Clinton, Iowa.	27,678		1							
Clinton, Mass.	13,075	5								
Coatesville, Pa.	14,968				28		1			
Coffeyville, Kans.	18,331		1		9					
Cohoes, N. Y.	25,292	8			1		1			
Colorado Springs, Colo.	38,965	18					1		1	6
Columbia, S. C.	35,165						1		1	
Columbus, Ohio.	220,135	72	1		8		2		5	8
Concord, N. H.	22,858	8					1			1
Connellsville, Pa.	15,876		4		4		1		1	
Corpus Christi, Tex.	10,789	2								
Council Bluffs, Iowa.	31,838	12	1							
Covington, Ky.	59,623	22	1				1		3	5
Cranston, R. I.	26,773	6	1				1			
Cumberland, Md.	26,686	6			19					
Dallas, Tex.	129,738	38	1						3	1
Danbury, Conn.	22,931	7					1			
Danvers, Mass.	10,037						1			
Danville, Ill.	32,969	16							5	
Danville, Va.	29,183	10								
Davenport, Iowa.	49,618				1					
Dayton, Ohio.	128,939	46	4		4				2	
Deatur, Ill.	41,483	6			1		1			
Bedham, Mass.	10,618	2								
Denver, Colo.	268,439	78	3		8		4		1	10
Des Moines, Iowa.	104,052		6				6		1	
Detroit, Mich.	619,648	250	88	12	32	1	56	1	55	19
Dover, N. H.	13,276	4								
Dubuque, Iowa.	40,096		2	1			1			2
Duluth, Minn.	97,077	25	6		26		1		5	
Dunmore, Pa.	21,286		1							
Durham, N. C.	26,160	5			11				3	1
East Chicago, Ind.	30,286	15		2						1
East Cleveland, Ohio.	13,864						1			
East Liverpool, Ohio.	22,941	10								2
Easton, Pa.	30,854		1		2		1			
East Orange, N. J.	43,761	10	1				3			4
Eau Claire, Wis.	18,887				14		7			
Elgin, Ill.	28,362	8								
Elizabeth, N. J.	88,830		7		1		8		8	2
Elmira, N. Y.	38,272	11			4		1			1
El Paso, Tex.	69,149	27			4		1			9
Englewood, N. J.	12,603	1								
Erie, Pa.	76,592		3		6		1		10	
Evanston, Ill.	29,304	13			122					5
Evansville, Ind.	76,981	25					3		1	5
Everett, Mass.	40,160		1		4				1	1
Everett, Wash.	37,205				2					
Fairmont, W. Va.	16,111				1				1	
Fall River, Mass.	129,828	25	3		53		1		11	1
Fargo, N. Dak.	17,872	3			7					
Farrell, Pa.	10,190		1							
Findlay, Ohio.	14,858	6								
Flint, Mich.	57,386	20	3		2		1			2
Fond du Lac, Wis.	21,486	9					4			
Fort Dodge, Iowa.	21,039	3								
Fort Wayne, Ind.	78,014	27	1	1	6					6
Fort Worth, Tex.	109,597	24		1	10				1	2
Fostoria, Ohio.	10,959	2								
Frammingham, Mass.	14,149	7		1					1	
Frederick, Md.	11,225	8					2			
Fremont, Nebr.	10,080	9								
Fremont, Ohio.	11,034	7							1	
Fresno, Cal.	36,314	6								1
Galesburg, Ill.	24,629	3					1			
Galveston, Tex.	42,650	9	3							4
Geneva, N. Y.	13,915	9							1	

* Population Apr. 15, 1910.

DIPHtheria, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Apr. 5, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Grand Forks, N. Dak.	16,342	2	1							
Grand Rapids, Mich.	132,861	36	3	1	12		2		5	
Great Falls, Mont.	13,948	6			7		2			
Green Bay, Wis.	30,017	29					1			
Greenfield, Mass.	12,251	6	4		1		1			
Greensboro, N. C.	20,171	6								
Greensburg, Pa.	15,881		1		17					
Haakensack, N. J.	17,412	3					1		1	
Hammond, Ind.	27,016	11								
Harrisburg, Pa.	73,276		3		44		9			
Harrison, N. J.	17,345		2							
Hartford, Conn.	112,851	49	6	1	18		8		1	2
Haverhill, Mass.	49,180	17	4		1				7	
Hazleton, Pa.	28,981		1		4					
Highland Park, Mich.	33,859	12	21	1					1	
High Point, N. C.	13,439				1					
Hoboken, N. J.	78,324	14	7		2		1		4	2
Holland, Mich.	12,459	4								1
Holyoke, Mass.	66,503	13			1		4		3	2
Homestead, Pa.	23,071		3				3		7	
Hoquiam, Wash.	12,230						3			
Houston, Tex.	116,878	39	1		5				17	2
Hutchinson, Kans.	21,461		1		2				1	
Independence, Mo.	11,964	8				1				
Indianapolis, Ind.	283,622	112	10		24		6		5	8
Ironton, Ohio	14,079	3			2				1	
Ironwood, Mich.	15,095	7					1			2
Ithaca, N. Y.	16,017	7			1		1			1
Jamestown, N. Y.	37,431	13					3		4	1
Janesville, Wis.	14,411	2								
Jersey City, N. J.	312,557		8		20		10		7	
Johnstown, N. Y.	10,678	2								
Johnstown, Pa.	70,473		3				2			
Joplin, Mo.	33,400	5			1				4	
Kalamazoo, Mich.	50,408	34	3	1			5		1	3
Kankakee, Ill.	14,270		1							
Kansas City, Kans.	102,066		4		5		2		2	
Kansas City, Mo.	305,816	107	5	1	53		2		2	9
Kearny, N. J.	24,325	6								2
Keene, N. H.	10,725	4								
Kenosha, Wis.	32,833				23		2		1	
Knoxville, Tenn.	59,112				4		3			
Kokomo, Ind.	21,929	12					7			1
Lackawanna, N. Y.	16,219	1	2		5		2		1	
La Crosse, Wis.	31,833	10								1
La Fayette, Ind.	21,481	12							6	1
Lancaster, Ohio.	16,086	6								
Lancaster, Pa.	51,437		3		48				1	
Lawrence, Kans.	13,477	2					1			
Lawrence, Mass.	102,923	21	3	1					5	2
Lebanon, Pa.	20,947				87		4			
Leominster, Mass.	21,365	8			2					
Lexington, Ky.	41,997	23			4		1		1	
Lima, Ohio.	37,145	16			1		3		1	4
Lincoln, Nebr.	46,957	15	1		1		2		1	1
Little Rock, Ark.	58,716	3					4		3	
Lockport, N. Y.	20,028	6								
Logansport, Ind.	21,338	13			34		7			
Long Beach, Calif.	29,163	22	1							2
Long Branch, N. J.	15,723	4					3		3	
Lorain, Ohio.	38,266	15			12		1			3
Los Angeles, Calif.	535,485	168	11		5		8		61	20
Louisville, Ky.	240,808	71	6		9		14	1	8	11
Lowell, Mass.	114,366	37	4	1	3		4		1	5
Ludington, Mich.	10,566	1								
Lynchburg, Va.	33,497	10								
Lynn, Mass.	104,534	17	5		17		3		3	
McKeesport, Pa.	48,299				1				1	
Macon, Ga.	46,099	20								
Madison, Wis.	31,315	6			16		1			
Malden, Mass.	52,243	13	1				2		3	1
Manchester, Conn.	15,859	2								

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Apr. 5, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Manchester, N. H.	79,607	23	3						2	2
Mantowoc, Wis.	13,831	3			2					
Mankato, Minn.	116,365						1			
Marquette, Wis.	114,610	3			2					
Marion, Ind.	19,923	11	1		1		12	1		3
Marlboro, Mass.	15,285	5							1	
Marquette, Mich.	12,555	6			9					
Marshalltown, Iowa	14,519		1							
Martinsburg, W. Va.	12,984				4		2			
Martins Ferry, Ohio	410,135		1				4			
Mason City, Iowa	14,938	5								
Medford, Mass.	26,681	3			2		1		2	
Medford, Ore.	14,952	4								
Melrose, Mass.	17,721	2					1			
Meriden, Conn.	29,451		2							
Methuen, Mass.	14,320	7	1							
Middletown, N. Y.	15,890		1		1				1	
Middletown, Ohio	16,384	5			2					
Millford, Mass.	14,280	3								
Milwaukee, Wis.	445,008	185	9	3			13		23	4
Minneapolis, Minn.	373,448	90	11	2	20		26	2	11	14
Missoula, Mont.	19,075	3			1		2			
Mobile, Ala.	53,201	31	1		7	1				3
Moline, Ill.	27,976	4								1
Monessen, Pa.	23,070		3							
Montclair, N. J.	27,087	2					5			
Montgomery, Ala.	41,039	8		1			1			1
Morgantown, W. Va.	14,444	4								
Morristown, N. J.	13,410		1							
Mount Carmel, Pa.	20,709		1				1		3	
Mount Vernon, N. Y.	37,991	13	2		1					1
Nanticoke, Pa.	23,811				1					
Nashua, N. H.	27,541	5					3		25	
Nashville, Tenn.	118,136	50	2		13		2	1	5	6
Newark, N. J.	418,789	110	48	2	5		34	1	20	12
New Bedford, Mass.	121,622	21			6		1		4	1
New Britain, Conn.	55,385	22	5		9		2		7	1
New Brunswick, N. J.	25,855		1		2		1			
Newburyport, Mass.	15,291	5			3					
New Castle, Ind.	14,144		1				1		5	
New Haven, Conn.	152,275	45	8		24	1	4		12	6
New London, Conn.	21,190	10					1			1
New Orleans, La.	377,010	181	2		4		4		25	21
Newport, Ky.	32,133	8							2	2
Newport, R. I.	30,585	5	1				2			1
Newton, Mass.	44,345	12	1						1	
New York, N. Y.	5,737,492	1,774	308	37	68	3	140	3	243	196
Niagara Falls, N. Y.	38,466	17	4				2			
Norfolk, Va.	91,148				5		1			3
Norristown, Pa.	31,969				116		14			
North Adams, Mass.	122,019	6								
Northampton, Mass.	20,006	9	1							
North Braddock, Pa.	15,684								1	
North Tonawanda, N. Y.	11,060	7			18					
Norwalk, Conn.	27,332						1		1	
Norwich, Conn.	21,923								1	
Norwood, Ohio	28,269	5			2		1	1		
Oakland, Calif.	206,405	40	4		1		4			4
Oak Park, Ill.	27,816	8			23		2			
Ogdensburg, N. Y.	16,845	13								
Ogden, Utah	32,943	6					1			
Oil City, Pa.	20,162		1		18		3		1	
Olean, N. Y.	16,927	20								
Omaha, Nebr.	177,777	45	2	1	7		4	2		4
Orange, N. J.	33,636	17	3						1	2
Oshkosh, Wis.	36,549	13	1	1			1			
Ostfing, N. Y.	14,064	6	4						2	
Palestine, Tex.	12,075	4	1						1	1
Paris, Tex.	12,063						1			
Parkersburg, W. Va.	21,059	9			1		1			1
Parsons, Kans.	15,932								2	
Pasadena, Calif.	49,020	12					4		2	2

1 Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Apr. 5, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Passaic, N. J.	74,478	20	2	1	3				3	4
Paterson, N. J.	140,512	10	6				4		9	
Peekskill, N. Y.	19,034	3							1	
Pekin, Ill.	10,973		1							
Peoria, Ill.	72,184	27			1					1
Perth Amboy, N. J.	42,646	10							3	
Phillipsburg, N. J.	15,879	4	1	1	2		1		2	
Phoenixville, Pa.	11,871				3					
Pine Bluff, Ark.	17,777				2					
Piqua, Ohio	14,275	6								
Pittsburgh, Pa.	586,196		23		7		11		22	
Pittsfield, Mass.	33,678	11							2	1
Plainfield, N. J.	24,330	3			3		1		6	
Plattsburg, N. Y.	13,111	4							2	
Plymouth, Mass.	14,001	3								1
Plymouth, Pa.	12,433				13					
Pomona, Calif.	13,624	4								
Pontiac, Mich.	18,066	5	6							
Port Chester, N. Y.	16,727	3								
Portland, Me.	64,720	24	1				8			1
Portland, Oreg.	308,399		2		4		21		11	5
Pottsville, Pa.	22,717	2	2		7				1	
Poughkeepsie, N. Y.	30,786	7	1				5		1	
Providence, R. I.	259,895	83	3	1	1		6	1		8
Pueblo, Colo.	56,084						2			
Quincy, Ill.	36,832	10					1			1
Quincy, Mass.	39,022	7					4			1
Racine, Wis.	47,465	13			1				2	
Raleigh, N. C.	20,274	11			1				1	1
Reading, Pa.	111,007		3		71		2			
Redlands, Calif.	14,573	3								
Reno, Nev.	15,514	11					1		4	
Richmond, Va.	158,702	51	1		21		1		4	10
Riverside, Calif.	20,496	8					1		1	1
Roanoke, Va.	46,282	9			16		6		1	
Rochester, N. Y.	264,714	79	2	2	7		20		6	5
Rockford, Ill.	56,739	13	1	1	52		9			
Rock Island, Ill.	29,452	13								
Rome, N. Y.	24,259		1							
Rutland, Vt.	15,038	10								
Sacramento, Calif.	68,984	33	1				1		2	6
Saginaw, Mich.	56,469	20	1				4		4	1
St. Joseph, Mo.	86,498	27	7		1		3		2	
St. Louis, Mo.	768,630	201	38		12		14	1	34	14
St. Paul, Minn.	252,465	75	36	4	63		21	1	19	9
Salem, Mass.	49,346	21	1				8		3	2
Salt Lake City, Utah	121,623	31	2	1			1		1	2
San Angelo, Tex.	10,321	2								2
San Antonio, Tex.	128,215	10			1		1		9	3
San Bernardino, Calif.	17,616	8								2
San Diego, Calif.	56,412	24	2		1		4		3	3
Sandusky, Ohio	20,226	4							1	1
Sanford, Me.	11,217	1								
San Francisco, Calif.	471,023	141	16	2	6		4	1	38	11
Santa Barbara, Calif.	15,360	12								
Santa Cruz, Calif.	15,150	2								
Saratoga Springs, N. Y.	13,839	10								
Saugus, Mass.	10,210	1	1						1	
Scranton, Pa.	149,541		8		2		4		2	
Seattle, Wash.	366,445		8		20		9			
Shamokin, Pa.	21,274		7						1	
Sharon, Pa.	19,156				1					
Shenandoah, Pa.	29,733		1		2				1	
Sioux City, Iowa	58,598						2			
Somerville, Mass.	88,618	22	6		1		6		3	
South Bend, Ind.	70,967	17			38	1	4			1
Southbridge, Mass.	14,465	1							1	
Spartanburg, S. C.	21,985	3	1				1			
Springfield, Ill.	62,623	14	3						2	2
Springfield, Mass.	108,668	29	4	2	5		1		3	6
Springfield, Mo.	41,169	19								2
Springfield, Ohio	52,296	12			22	1			1	

1 Population Apr. 15, 1910

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Contd.

City Reports for Week Ended Apr. 5, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Steelton, Pa.	15,759				5				2	
Steubenville, Ohio	28,259	18	2							
Stockton, Calif.	36,209	9					2			1
Streator, Ill.	14,313	2			1					
Sunbury, Pa.	16,661						1			
Superior, Wis.	47,167	5	3				1			1
Syracuse, N. Y.	158,550	52	7				8		3	4
Tacoma, Wash.	117,446				8		1			
Taunton, Mass.	36,610	16	2		10		1		2	2
Terre Haute, Ind.	67,361	18			2		4		2	
Tiffin, Ohio	12,962	5								
Toledo, Ohio	202,010		1		1		11		1	5
Topeka, Kans.	49,538	20			1		1			
Trenton, N. J.	113,974	35	4		7				6	3
Troy, N. Y.	78,094	28			1		11		1	2
Tuscaloosa, Ala.	10,824	5	1						2	
Utica, N. Y.	89,272	29	1		8		2		6	1
Vallejo, Calif.	13,803	4								
Vancouver, Wash.	13,805						1			
Wakefield, Mass.	12,947	3					3			
Waltham, Mass.	31,011	3					2			
Washington, D. C.	309,282		20	3	6		22		25	12
Washington, Pa.	22,076						1		1	
Watertown, Mass.	15,188	3			2					1
Watertown, N. Y.	30,404	5								
Wausau, Wis.	19,666	6			1					
Westfield, Mass.	18,769	9	3	1			2			3
West Hoboken, N. J.	44,396	3					1		1	
West New York, N. J.	19,613	6	2				2			
West Orange, N. J.	13,964	5	1						1	1
Wheeling, W. Va.	43,657	17		1	1					
White Plains, N. Y.	23,331	11								1
Wichita, Kans.	73,597	12	1						5	
Wilkes-Barre, Pa.	78,334		2		47					1
Wilkesburg, Pa.	23,899									
Wilmington, Del.	95,369	31	4	1			1			1
Winchester, Mass.	10,812	4					2			
Winona, Minn.	18,583	6								1
Winston-Salem, N. C.	33,136	18	3		49				3	1
Winthrop, Mass.	13,105						3			
Woburn, Mass.	16,076	9								
Worcester, Mass.	166,106	52	4	4	13	1	4		7	5
Yakima, Wash.	22,058						4			
Yonkers, N. Y.	103,066	18	6	1	8		2		1	2
York, Pa.	52,770	10					12		7	
Youngstown, Ohio	112,282	54	4	1	62		5			3
Zanesville, Ohio	31,320	10			5		1			1

¹ Population April 15, 1910.

THE UNITED STATES OF AMERICA IS THE
DEBTOR OF A LIBERTY BOND HOLDER.

FOREIGN.

BALKAN STATES.

Typhus Fever.

Typhus fever was reported present, February 18 and 20, 1919, in Bosnia, Croatia, and Herzegovina.

CHINA.

Influenza—Shanghai.

Under date of February 21, 1919, an outbreak of influenza among American school children was reported at Shanghai. A previous outbreak, with 152 fatal cases occurring almost wholly among Chinese, only three fatalities being notified among foreigners, has been reported at Shanghai.

CUBA.

Communicable Diseases—Habana.¹

Communicable diseases have been notified at Habana as follows:

Disease.	Jan. 1-10, 1919.		Remain- ing under treat- ment, Jan. 10, 1919.	Disease.	Jan. 1-10, 1919.		Remain- ing under treat- ment, Jan. 10, 1919.
	New cases.	Deaths.			New cases.	Deaths.	
Broncho-pneumonia...	23	11	¹ 21	Malaria.....	27	.....	² 41
Diphtheria.....	1	.....	1	Paratyphoid fever.....	.....	.....	3
Grippe.....	199	27	² 38	Scarlet fever.....	1	.....	2
Leprosy.....	.....	.....	17	Typhoid fever.....	10	37	⁴ 37

¹ Deducting those left in hospital.

² Deducting those left in hospital.

³ From the interior, 38.

⁴ From the interior, 26.

HAWAII.

Plague-Infected Rat—Paauilo.

The finding of a plague-infected rat was reported at Paauilo, Hawaii, March 28, 1919.

JAMAICA.

Beriberi—Kingston.

A case of beriberi was reported at Kingston, Jamaica, March 29, 1919.

¹ Received out of date.

MACEDONIA.

Typhus Fever—Epirus.

Typhus fever was reported present at Epirus, Macedonia, March 21, 1919.

PORTUGAL.

Typhus Fever—Braga—Oporto.

Typhus fever was reported present in epidemic form at Braga, Portugal, March 24, 1919. At Oporto, during the week ended March 8, 1919, 78 cases were notified and from March 9 to 15, 106 cases.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During Week Ended Apr. 25, 1919.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands:				
Manila.....	Feb. 15-21.....	1		
Provinces.....				Feb. 15-21, 1919: Cases, 86; deaths, 58.
Ambos Camarines.....	Feb. 15-21.....	10	2	
Bohol.....	do.....	14	10	
Bulacan.....	do.....	6	3	
Iloilo.....	do.....	13	10	
Laguna.....	do.....	5	3	
Misamis.....	do.....	26	21	
Pampanga.....	do.....	8	4	
Pangasinan.....	do.....	4	3	

SMALLPOX.

Canada:				
Ontario—				
Ottawa.....	Apr. 6-12.....	1		
China:				
Amoy.....	Feb. 2-Mar. 3.....			Presens.
Egypt:				
Alexandria.....	Mar. 5-11.....	2	1	
France:				
Brest.....	Feb. 2-8.....	1		
Paris.....	Mar. 2-15.....	2		
Italy:				
Genoa.....	Mar. 1-15.....	2	1	
Messina.....	Mar. 10-16.....	2		
Japan:				
Kobe.....	Mar. 16-22.....	79	28	
Mexico:				
Mexico City.....	do.....	2		
Newfoundland:				
St. Johns.....	Mar. 29-Apr. 11.....	3		
Philippine Islands:				
Manila.....	Feb. 15-21.....	4	2	Varioloid 2.
South Africa:				
Cape Town.....	Dec. 21-Jan. 31.....	1		
Spain:				
Cadiz.....	Jan. 1-31.....		17	
Madrid.....	Feb. 1-28.....		16	
Valencia.....	Feb. 23-Mar. 8.....	116	11	

TYPHUS FEVER.

Egypt:				
Alexandria.....	Mar. 5-11.....	73	19	
Mexico:				
Guadalajara.....	Jan. 1-Feb. 28.....	2	1	
Mexico City.....	Mar. 16-22.....	47		

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Nov. 17-30.....	4	3	
Germany:				
Berlin.....	To Oct. 5.....	17	11	
Bremen.....	Oct. 13-19.....	1		On a barge.
Marienwerder.....				1 case in October, 1918, on a barge in canal.
India:				
Bombay.....	Aug. 18-Dec. 28.....	1,351	1,031	
Do.....	Dec. 23-Feb. 15.....	9,464	8,364	
Calcutta.....	Sept. 23-Dec. 21.....	241		Report for Nov. 23, 1918, missing.
Do.....	Dec. 23-Feb. 8.....		720	
Karachi.....	Jan. 26-Feb. 8.....	2	2	
Madras.....	Oct. 5-Dec. 28.....	264	164	Oct. 27-Nov. 2, 1918: Cases, 9; deaths, 4.
Do.....	Jan. 5-Feb. 15.....	400	282	
Rangoon.....	Oct. 5-Dec. 21.....	35	33	
Do.....	Dec. 29-Feb. 8.....	14	11	
Indo-China:				
Anam.....	July 1-Aug. 31.....	37	30	July 1-Aug. 31, 1918: Cases, 670; deaths, 412.
Cambodia.....	do.....	322	169	
Cochin-China.....	do.....	357	279	
Saigon.....	Oct. 7-Dec. 22.....	75	45	
Do.....	Dec. 3-Feb. 2.....	189	114	
Do.....	Feb. 17-23.....	26	18	
Kwang-Chow-Wan.....	Jul. 1-31.....	50	34	
Tonkin.....	July 1-Aug. 31.....	4		
Java:				
East Java:				
Surabaya district.....	Oct. 7-Dec. 31.....	655	423	Oct. 7-Dec. 31, 1918: Cases, 381; deaths, 323. Jan. 1-28, 1919: Cases, 291; deaths, 176.
Do.....	Jan. 1-28.....	133	84	
Mid-Java.....				Sept. 25-Dec. 18, 1919: Cases, 3,282; deaths, 2,014.
Samarang.....	Sept. 26-Oct. 16.....	129	111	
West Java.....				Oct. 3-Dec. 11, 1918: Cases, 412; deaths, 238. Dec. 27, 1918-Jan. 23, 1919: Cases, 10; deaths, 3.
Batavia.....	Oct. 3-Dec. 11.....	291	148	
Do.....	Dec. 27-Jan. 23.....	8	2	
Cheribon.....	Jan. 3-9.....	1		
Mesopotamia:				
Bagdad.....	Oct. 11-18.....	8		
Philippine Islands:				
Manila.....	Sept. 22-Dec. 28.....	181	121	
Do.....	Dec. 29-Feb. 8.....	19	9	
Provinces:				
Albay.....	Dec. 15-21.....	1	1	Nov. 2-9, 1918: Cases, 511; deaths, 417. Nov. 17-Dec. 28, 1918: Cases, 1,203; deaths, 858. Dec. 29, 1918-Feb. 15, 1919: Cases, 814; deaths, 583. Feb. 23-Mar. 1, 1919: Cases, 85; deaths, 52.
Bataan.....	Nov. 17-Dec. 28.....	38	32	
Do.....	Jan. 5-Feb. 8.....	3	3	
Batangas.....	Nov. 2-9.....	156	141	
Do.....	Nov. 17-Dec. 28.....	79	65	
Do.....	Dec. 29-Feb. 8.....	21	15	
Bohol.....	Nov. 2-9.....	19	17	
Do.....	Nov. 17-Dec. 21.....	12	5	
Do.....	Jan. 12-Feb. 8.....	48	34	
Bulacan.....	Oct. 27-Nov. 2.....	5	6	
Do.....	Nov. 17-Dec. 28.....	44	30	
Do.....	Dec. 29-Feb. 15.....	36	23	
Capiz.....	Dec. 22-28.....	7	5	
Do.....	Jan. 5-25.....	28	14	
Cavite.....	Oct. 27-Nov. 2.....	38	28	
Do.....	Nov. 17-Dec. 21.....	163	75	
Do.....	Dec. 29-Jan. 25.....	17	16	
Cebu.....	Dec. 15-21.....	41	20	
Do.....	Jan. 12-18.....	13	12	
Ilocos Sur.....	Dec. 8-28.....	17	8	
Do.....	Dec. 29-Feb. 15.....	56	38	
Iloilo.....	Oct. 27-Nov. 2.....	9	6	
Do.....	Nov. 17-Dec. 21.....	70	51	
Do.....	Jan. 5-Feb. 15.....	127	82	
Do.....	Feb. 23-Mar. 1.....	22	13	
Laguna.....	Oct. 27-Dec. 28.....	18	11	
Do.....	Dec. 29-Feb. 15.....	67	51	
Do.....	Feb. 23-Mar. 1.....	19	13	
Lanao.....	Jan. 5-11.....	8	4	
Mindoro.....	Nov. 21-30.....	4	5	
Misamis.....	Oct. 27-Nov. 2.....	6	5	
Do.....	Nov. 17-Dec. 28.....	75	48	
Do.....	Jan. 5-15.....	74	45	
Do.....	Feb. 23-Mar. 1.....	24	10	
Nueva Ecija.....	Jan. 12-25.....	9	6	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands—Contd.				
Provinces—Continued.				
Occidental Negros.....	Feb. 2-8.....	6	3	
Do.....	Feb. 23-Mar. 1.....	1	1	
Oriental Negros.....	Nov. 2-9.....	20	8	
Do.....	Nov. 17-Dec. 7.....	6	6	
Do.....	Jan. 5-Feb. 8.....	35	22	
Pampanga.....	Nov. 24-Dec. 14.....	4	4	
Do.....	Jan. 5-Feb. 1.....	15	12	
Do.....	Feb. 23-Mar. 1.....	2	3	
Pangasinan.....	Nov. 2-9.....	236	192	
Do.....	Nov. 17-Dec. 28.....	428	313	
Do.....	Dec. 29-Feb. 15.....	134	100	
Do.....	Feb. 23-Mar. 1.....	17	12	
Rizal.....	Oct. 27-Nov. 2.....	3	1	
Do.....	Nov. 24-30.....	16	5	
Samar.....	Dec. 15-21.....	8	1	
Sorsogon.....	Nov. 17-23.....	8	4	
Do.....	Jan. 19-Feb. 8.....	44	36	
Tayabas.....	Nov. 2-9.....	7	4	
Do.....	Nov. 17-Dec. 28.....	54	25	
Do.....	Dec. 29-Feb. 15.....	69	62	
Union.....	Nov. 2-Dec. 28.....	18	14	
Zamboanga.....	Dec. 8-28.....	27	19	
Do.....	Jan. 5-Feb. 8.....	25	21	
Poland:				
Plousk district.....	Oct. 2-Nov. 27.....	5	.....
Warsaw.....	Sept. 29-Oct. 26.....	5	1	
Russia:				
Petrograd.....	To July 16.....	3,388	1,054	
Do.....	July 17-Sept. 11.....	3,479	1,485	In civil and military hospitals, In military hospitals, July 5-Aug. 21, 1918: Cases, 884; deaths, 783. In municipal hospitals, Oct. 1, 1918: Cases, 279.
Ukraine—				
Ekaterinaslav.....	Sept. 1-20.....	7	6	
Odessa.....	.....do.....	25	.....	Sept. 1-20, 1918; 11 cases on S. S. Helena.

PLAGUE.

Ceylon:				
Colombo.....	Oct. 27-Nov. 2.....	1	1	
Do.....	Feb. 9-15.....	1	1	
China:				
Amoy.....	Nov. 24-Dec. 8.....	.....	.....	Present.
Chungking.....	Dec. 1-7.....	.....	.....	Do.
Hongkong.....	Oct. 1-Dec. 28.....	4	4	
Do.....	Jan. 1-31.....	5	4	
Ecuador:				
Duran.....	Feb. 16-28.....	1	1	
Guayaquil.....	July 1-Dec. 31.....	20	7	
Do.....	Jan. 1-Feb. 28.....	43	13	
Taura.....	Dec. 16-31.....	1	1	
Egypt.....				Jan. 1-Nov. 21, 1918: Cases, 357; deaths, 153. Jan. 1-Mar. 6, 1919: Cases, 134; deaths, 119.
Provinces—				
Assiout.....	Feb. 24-27.....	5	2	1 septicemic.
Girgeh.....	Feb. 22-24.....	4	2	2 pneumonic.
Minieh.....	Feb. 21-27.....	2	2	1 pneumonic.
Suez.....	Jan. 31-Mar. 1.....	3	2	
India:				
Bombay.....	Aug. 18-Dec. 28.....	41	29	Sept. 23-Dec. 28, 1918: Cases, 24,279; deaths, 18,369. Dec. 29, 1918-Feb. 15, 1919: Cases, 17,525; deaths, 13,000.
Do.....	Jan. 12-Feb. 8.....	6	6	
Calcutta.....	Dec. 22-28.....	.....	.....
Do.....	Jan. 12-Feb. 8.....	.....	.....
Karachi.....	Oct. 19-Dec. 28.....	17	17	
Do.....	Dec. 29-Jan. 25.....	5	5	
Do.....	Feb. 16-22.....	1	1	
Madras.....	Dec. 8-28.....	26	17	
Do.....	Dec. 29-Feb. 15.....	129	58	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER— Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Madras Presidency.....	Oct. 13-Dec. 28....	1,152	774	Oct. 27-Nov. 2, 1918: Cases, 142; deaths, 38.
Do.....	Dec. 29-Feb. 15....	1,976	1,304	
Rangoon.....	Oct. 5-Dec. 21....	84	81	
Do.....	Dec. 29-Feb. 15....	82	77	July 1-Aug. 31, 1918: Cases, 125; deaths, 115.
Indo-China.....	July 1-Aug. 31....	37	32	
Anam.....	do.....	49	49	
Cambodia.....	do.....	57	33	Oct. 7-Nov. 18, 1918: Cases, 109; deaths, 109. Jan. 1-14, 1919: Cases, 60; deaths, 69.
Cochin-China.....	Oct. 7-Nov. 24....	5	1	
Do.....	Jan. 13-Feb. 2....	3	2	
Do.....	Feb. 17-23....	1	1	Sept. 25-Oct. 16, 1918: Cases, 14; deaths, 14.
Kwang-Chow-Wan.....	July 1-31....	1	1	
Java:				
East Java.....	Oct. 7-Dec. 31....	92	92	Oct. 7-Nov. 18, 1918: Cases, 109; deaths, 109. Jan. 1-14, 1919: Cases, 60; deaths, 69.
Surabaya (district).....	Jan. 1-14....	31	34	
Do.....	Sept. 25-Oct. 16....	6	6	
Mid-Java.....	Sept. 25-Oct. 16....	6	6	Sept. 25-Oct. 16, 1918: Cases, 14; deaths, 14.
Samarang.....	Sept. 25-Oct. 16....	6	6	
Mesopotamia:				
Bagdad.....	Nov. 16-23....	5	2	
Siam:				
Bangkok.....	Sept. 21-28....	4	3	
Do.....	Oct. 5-12....	2	2	
Do.....	Jan. 19-25....	1	1	
Venezuela:				
Caracas.....	Dec. 30....	1	1	
On vessel:				
S. S. Japan.....	Jan. 14....	1	1	At Suez quarantine station from Bombay.

SMALLPOX.

Algeria:				
Algiers.....	Oct. 1-Dec. 31....	2	1	
Brazil:				
Rio de Janeiro.....	Dec. 1-28....	46	19	Oct. 6-12, 1918: Cases, 15; deaths, 10.
Do.....	Dec. 30-Jan. 25....	25	11	
British East Africa:				
Mombasa.....	Sept. 1-Nov. 30....	6	1	
Canada:				
New Brunswick—				
Campbellton.....	Dec. 22-28....	1	1	
Do.....	Jan. 5-18....	2	2	
St. John.....	Nov. 8-14....	3	3	
Do.....	Jan. 26-Feb. 22....	6	6	
Nova Scotia—				
Bear River.....	Dec. 29-Jan. 4....	1	1	Present.
Bigbee.....	Jan. 10....	1	1	
Digby.....	do.....	1	1	
Halifax.....	Dec. 7-28....	10	10	Do.
Do.....	Jan. 5-Mar. 15....	161	161	
Do.....	Mar. 20-29....	20	20	
Middleton.....	Dec. 29-Jan. 4....	1	1	Do.
Sydney.....	Jan. 5-Mar. 8....	4	4	
Do.....	Mar. 23-29....	7	7	
Ontario—				
North Bay.....	Jan. 19-25....	1	1	
Ottawa.....	Jan. 12-Mar. 22....	12	12	
Toronto.....	Feb. 2-15....	2	2	
Do.....	Mar. 16-22....	1	1	
Prince Edward Island—				
Charlotte Town.....	Feb. 27-Mar. 5....	1	1	
Quebec—				
Montreal.....	Jan. 24-Dec. 21....	2	2	
Do.....	Jan. 12-Mar. 8....	30	30	
Paspébiac.....	do.....	8	8	
Quebec.....	Dec. 15-21....	1	1	
Do.....	Dec. 29-Mar. 15....	14	14	
Ceylon:				
Colombo.....	Jan. 12-18....	1	1	
China:				
Amoy.....	Oct. 13-Dec. 28....	1	1	Do.
Do.....	Jan. 5-Feb. 24....	1	1	Do.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER— Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Antung.....	Feb. 10-16.....	1	.....
Do.....	Feb. 24-Mar. 2.....	1	.....
Canton.....	Nov. 17-23.....	.....	.....	Do.
Do.....	Feb. 9-15.....	.....	.....	Do.
Chungking.....	Nov. 19-Dec. 28.....	.....	.....	Do.
Do.....	Jan. 5-Feb. 15.....	.....	.....	Do.
Foochow.....	Nov. 24-Dec. 28.....	.....	.....	Do.
Do.....	Dec. 29-Feb. 8.....	.....	.....	Do.
Hongkong.....	Dec. 15-21.....	1	1	
Do.....	Feb. 2-8.....	1	.....
Do.....	Feb. 16-22.....	4	.....
Nanking.....	Dec. 1-28.....	.....	.....	Do.
Do.....	Dec. 29-Mar. 1.....	.....	.....	Do.
Shanghai.....	Jan. 20-26.....	1	.....
Tsingtau.....	Mar. 3-9.....	1	.....
Chosen (Korea):				
Chemulpo.....	Nov. 1-Dec. 31.....	15	4	
Do.....	Jan. 1-31.....	6	1	
Denmark:				
Copenhagen.....	Nov. 9-Dec. 28.....	12	.....
Do.....	Dec. 29-Jan. 19.....	15	.....
Egypt:				
Alexandria.....	Dec. 17-23.....	1	1	
Do.....	Jan. 22-Feb. 25.....	6	1	
France:				
Bordeaux.....	Feb. 8-13.....	.....	1	
Germany:				
Breslau.....	Nov. 24-Dec. 7.....	18	.....	Nov. 24-Dec. 7, 1918: Cases, 34.
Halle.....	.....	4	.....
Friedland.....	.....	1	.....
Königsberg.....	.....	8	.....	In persons evacuated from the
Schkeuditz.....	.....	1	.....	Ukraine.
Tilsit.....	.....	1	.....
Torgau.....	.....	1	.....
Great Britain:				
Liverpool.....	Jan. 26-Mar. 15.....	7	.....	Of these, 2 from vessels.
London.....	Mar. 9-13.....	5	1	
Greece:				
Saloniki.....	Feb. 2-15.....	.....	3	
India:				
Bombay.....	Aug. 18-Dec. 28.....	35	8	
Do.....	Dec. 29-Feb. 15.....	131	42	
Calcutta.....	Sept. 29-Dec. 28.....	.....	17	Report for week ended Nov. 23,
Do.....	Dec. 29-Feb. 8.....	.....	80	1918, missing.
Karachi.....	Sept. 29-Dec. 28.....	13	4	
Do.....	Dec. 29-Feb. 22.....	55	16	
Madras.....	Oct. 5-Dec. 28.....	62	40	
Do.....	Dec. 29-Feb. 18.....	89	40	
Rangoon.....	Oct. 20-Dec. 21.....	32	6	
Do.....	Dec. 29-Feb. 15.....	309	102	
Indo-China:				
Anam.....	July 1-Aug. 31.....	87	51	
Cambodia.....	Aug. 1-31.....	78	40	July 1-31, 1918: Cases, 302; deaths,
Cochin-China.....	July 1-Aug. 31.....	335	87	104.
Saigon.....	Oct. 7-Dec. 22.....	20	5	
Do.....	Dec. 30-Feb. 2.....	8	3	
Do.....	Feb. 17-23.....	28	6	
Tonkin.....	July 1-Aug. 31.....	11	1	
Italy:				
Genoa.....	Jan. 9-31.....	2	1	
Messina.....	Mar. 2-8.....	1	.....	Cases reported in several locali-
Palermo.....	Jan. 31-Feb. 20.....	2	.....	ties in Province.
Japan:				
Kobe.....	Oct. 24-Dec. 28.....	186	46	
Do.....	Dec. 29-Mar. 15.....	420	137	
Taihoku.....	Jan. 15-Feb. 11.....	145	18	Island of Formosa.
Yokohama.....	Jan. 20-26.....	1	.....
Java:				
East Java.....				
Surabaya (district).....	Oct. 7-Dec. 31.....	16	.....	Oct. 7-Dec. 31, 1918: Cases, 22;
Do.....	Jan. 1-7.....	1	.....	deaths, 1. Jan. 1-21, 1919:
Do.....	Jan. 15-21.....	2	2	Cases, 3; deaths, 3.
Mid-Java.....				
				Sept. 25-Dec. 18, 1918: Cases, 172;
				deaths, 3.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER— Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java—Continued.				
West Java.....				Oct. 2-Dec. 11, 1918: Cases, 809; deaths, 263. Dec. 27, 1918-Jan. 23, 1919: Cases, 158; deaths, 41.
Batavia.....	Oct. 2-Dec. 11.....	185	151	
Do.....	Dec. 27-Jan. 23.....	34	23	
Lithuania.....				Sept. 1-Oct. 16, 1918: Cases, 41
Manchuria:				
Dairen.....	Jan. 15-21.....	1		
Do.....	Feb. 22-Mar. 7.....	2	2	
Mesopotamia:				
Bagdad.....	Oct. 11-Dec. 27.....	308	97	
Do.....	Dec. 28-Jan. 10.....	3		
Mexico:				
Ciudad Juarez.....	Nov. 24-30.....	1		
Mexico City.....	Sept. 22-Dec. 28.....	23		
Do.....	Dec. 29-Mar. 8.....	10		
Vera Cruz.....	Feb. 10-16.....	2		
Newfoundland:				
St. Johns.....	Dec. 6-20.....	4		
Do.....	Dec. 28-Mar. 14.....	21		
Do.....	Mar. 22-28.....	5		
Outports—				
Avondale.....	do.....	4		
Blaine Harbor.....	Dec. 14-20.....	2		
Bay of Islands.....	Jan. 11-17.....	6		
Do.....	Feb. 15-21.....	10		
Bay Roberts.....	Dec. 21-27.....	1		
Bonavista.....	Jan. 26-31.....	1		
Brigus Junction.....	Mar. 1-28.....	3		
Bryants Cove.....	Dec. 7-13.....	3		
Burin.....	do.....	4		
Coleys Point.....	Dec. 14-20.....	1		
Curling.....	Jan. 26-31.....	3		
Frenchmans Cove.....	Feb. 1-7.....	1		
Humbermouth.....	Mar. 15-21.....			Present.
Kings Cove.....	Jan. 18-Mar. 14.....	2		
Little Paradise.....	Feb. 9-14.....	1		
McIvers.....	Feb. 1-7.....	15		
Merashcen.....	do.....			Present.
Mercers Cove.....	Feb. 9-14.....	1		
Middle Arm.....	Feb. 1-7.....	40		Bay of Islands.
Mortons Harbor.....	Mar. 8-14.....	1		
Musgrave Harbor.....	Dec. 7-13.....	4		
Do.....	Jan. 11-17.....	6		Feb. 7, 1919: Present.
Paradise.....	Dec. 7-13.....	60		Placentia Bay.
Petitfortie.....	Feb. 15-21.....	1		
Saddle Hill.....	do.....	1		Harbor Grace.
Springdale.....	Feb. 15-Mar. 7.....	7		
St. Georges.....	Feb. 1-Mar. 28.....	32		
St. Jacques.....	Jan. 18-21.....	2		
Panama:				
Colon.....	Dec. 15-21.....	1		Aug. 1-31, 1918: Cases, 133, occurring at Colon, Panama, and points in the interior. Jan. 1-25, 1919: Cases, 28.
Do.....	Dec. 29-Feb. 9.....	8		
Philippine Islands:				
Manila.....	Nov. 2-9.....	4	3	
Do.....	Dec. 29-Mar. 1.....	17	4	Varioloid, 13.
Portugal:				
Lisbon.....	Nov. 16-Dec. 28.....	843		
Portuguese East Africa:				
Lourenco Marques.....				July 1-Oct. 31, 1918: 45 fatal cases.
Siberia:				
Vladivostok.....	Nov. 1-3.....	4		
Do.....	Jan. 17-23.....		1	
Do.....	Feb. 1-28.....	9	1	
Spain:				
Barcelona.....	Jan. 9-Feb. 11.....		5	
Do.....	Feb. 19-Mar. 11.....	2		
Bilbao.....	Jan. 1-Feb. 20.....	6		
Cadix.....	Oct. 1-Dec. 31.....	18		
Madrid.....	Sept. 1-Oct. 31.....	153		
Do.....	Jan. 1-31.....		58	
Seville.....	Nov. 1-Dec. 31.....		8	
Do.....	Jan. 1-31.....		3	
Valencia.....	Nov. 10-Dec. 21.....	40	9	
Do.....	Dec. 29-Jan. 25.....	93	10	
Do.....	Feb. 16-22.....	44	6	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER— Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Straits Settlements:				
Penang	Oct. 6-12	1		
Singapore	Feb. 2-22	3		
Sweden:				
Stockholm	Feb. 2-8		1	
Union of South Africa:				
Cape Town	Aug. 1-30	1		
Johannesburg	Aug. 1-Oct. 31	12		Nov. 1-30, 1918: Cases, 4.

TYPHUS FEVER.

Algeria:				
Algiers	Nov. 1-30	1		
Austria-Hungary:				
Hungary	Sept. 2-8	2		Sept. 9-Nov. 3, 1918: Cases, 94;
Budapest	Sept. 9-Nov. 3	59	2	deaths, 8.
Pressburg	do	11	1	
Brazil:				
Ceara	Sept. 14-21	1		
Rio de Janeiro	Dec. 15-22	2		
Do	Dec. 29-Feb. 15	28	3	
São Paulo	Jan. 13-19	3		
Bulgaria:				
Aetevan	Mar. 10			Present.
Rustchuk	do			Do.
China:				
Antung	Dec. 2-15	2		
Do	Jan. 6-12		1	
Do	Feb. 24-Mar. 2	1		
Chosen (Korea):				
Seoul	Jan. 1-31	2		
Colombia:				
Barranquilla	Nov. 8-Dec. 28		3	
Do	Jan. 5-Mar. 8	2	3	
Egypt:				
Alexandria	Oct. 14-Dec. 31	85	36	
Do	Jan. 1-Mar. 2	176	50	Confined to one quarter of city and mostly to natives.
Germany:				
Breslau	Sept. 29-Oct. 19	12	8	
Gumbinnen district	Oct. 20-Nov. 7	1		
Dresden	do	1		
Griefswald	do	1		
Godullehutte	do	1		
Königsberg	Sept. 29-Oct. 19	3	1	
Königshtut	Oct. 20-Nov. 7	1	1	
Magdeburg	do	2		
Mostelten	Sept. 29-Oct. 19	7	2	District of Allenstein.
Oppeln district	Oct. 20-Nov. 7	5		
Great Britain:				
Cork	Feb. 2-22	4		
Glasgow	Dec. 22-28	5		
Do	Jan. 5-Feb. 8	9	1	
Do	Mar. 9-15	1		
Greece:				
Athens	Mar. 8	2	2	
Saloniki	Sept. 29-Dec. 21		34	
Do	Dec. 20-Feb. 15		78	
Italy:				
Bari	Feb. 3-9	19		In soldiers returning from Black
Naples	do	3		Sea.
Taranto	do	2		Do.
Japan:				
Nagasaki	Nov. 10-Dec. 29	13	4	
Do	Dec. 30-Mar. 16	30	4	
Java:				
East Java				Oct. 7-21, 1918: Cases, 5.
Surabaya	Oct. 7-21	4		
Mid-Java				Sept. 25-Oct. 16, 1918: Cases, 8.
West Java				Oct. 2-23: Cases, 31; deaths, 6.
Batavia	Oct. 2-23	15	4	
Lithuania.				Sept. 1-Oct. 26, 1918: Cases, 539; deaths, 26.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER— Continued.

Reports Received from Dec. 28, 1918, to Apr. 18, 1919—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Macedonia:				
Drama.....	Mar. 17.....			Present.
Kavala.....	do.....	300		Estimated.
Mesopotamia:				
Bagdad.....	Oct. 5-Dec. 27.....	2		
Do.....	Dec. 28-Jan. 10.....	3		
Mexico:				
Aguascalientes.....	Feb. 2-23.....		3	
Do.....	Mar. 24-30.....		1	
Guadalajara.....	Nov. 1-Dec. 31.....	4	1	
Mexico City.....	Sept. 22-Dec. 28.....	434		
Do.....	Dec. 29-Mar. 8.....	209		
Netherlands:				
Amsterdam.....	Dec. 8-14.....	1		
Do.....	Jan. 12-18.....	4		
Delft.....	Feb. 20.....			Present.
Harlem.....	do.....			Do.
Leiden.....	do.....			Do.
Limburg.....	do.....	5	1	Mining district.
Rotterdam.....	Feb. 2-Mar. 1.....	394	71	Jan. 30-Feb. 27, 1919: Cases, 462; deaths, 46.
Schiedam.....	Feb. 26.....			Present.
Poland:				
Lodz.....	Sept. 29-Oct. 26.....	55	8	Sept. 29-Oct. 26, 1918: Cases, 572; deaths, 50.
Warsaw.....	do.....	111	13	
Russia:				
Archangel.....	Jan. 15-Feb. 1.....	35	10	
Serbia:				
Belgrade.....	Feb. 5.....	62		Apr. 5, 1919: Reported to be spreading.
Siberia:				
Vladivostok.....	Sept. 1-Dec. 30.....	43		Among soldiers and prisoners.
Do.....	Jan. 17-Feb. 28.....	73	9	
Spain:				
Huelva.....	Oct. 1-31.....		2	
Madrid.....	Dec. 1-31.....		1	
Ukraine.....				Apr. 5, 1919: Reported to be spreading.
Union of South Africa:				
Port Elizabeth.....	Sept. 14-28.....			Present among natives in several interior towns.

YELLOW FEVER.

Brazil:				
Pernambuco.....	Oct. 1-Nov. 30.....	2	1	
Colombia:				
Cartagena.....	Jan. 20-Feb. 4.....		4	
Ecuador:				
Babahoyo.....	Nov. 1-30.....	1		
Catarama.....	Feb. 1-15.....	1		
Chobo.....	Jan. 1-15.....	1		
Daule.....	do.....	1	1	
Duran.....	Nov. 1-Dec. 31.....	3	2	
Do.....	Jan. 16-Feb. 28.....	4	1	
Guayaquil.....	July 1-Dec. 31.....	326	177	
Do.....	Jan. 1-Feb. 28.....	114	59	
Hacienda Vainilla.....	Feb. 16-28.....	1		
Milagro.....	Nov. 1-15.....	1		
Do.....	Feb. 1-15.....	1		
Naranjal.....	Nov. 1-15.....	1	1	
Do.....	Jan. 1-15.....	1	1	
Naranjito.....	Nov. 1-16.....	1	1	
Do.....	Jan. 1-Feb. 28.....	2	2	
Payo (Hacienda).....	Nov. 1-15.....	1		
Punta de Piedra.....	Nov. 1-30.....	1		
Salvador:				
San Salvador.....	Jan. 9.....	1		
On vessel:				
S. S. Jamaica.....	Jan. 30.....	1		At quarantine station, Canal Zone, Panama.